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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Physician Resource Network, Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ $70.00 Filing Fee	☑ $78.75 Filing Fee & Certificate of Status	☐ $78.75 Filing Fee & Certified Copy	☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Physician Resource Network, Inc.
Name (Printed or typed)

15584 SW 63 Ter
Address

Miami FL 33193
City, State & Zip

305 385 2554
Daytime Telephone number

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TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Physician Resource Network, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

15584 SW 63 ST
MIA FL 33193

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical office Management

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

MARTA Torrent, Pres.
Maria E. Lopez V. P.

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

MARTA TORRENT
15584 SW 63 Ter
Miami FL 33193

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Maria E. Lopez
10901 SW 91 ST
Miami FL 33176

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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent — Date: 9-17-04

Signature/Incorporator — Date: 9-17-04