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04 OCT 21 PM 1:25  
TALLAHASSEE, FLORIDA

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STATE REGISTRARS  
DIVISION  
TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

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

**SUBJECT:** Patients First Raymond Diehl, 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:** Royce Riker Spring II  
Name (Printed or typed)

3258 N. Monroe Street  
Address

Tallahassee, FL 32303  
City, State & Zip

850-562-2010  
Daytime Telephone number

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DEPARTMENT OF STATE  
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:

Patients First Raymond Diehl, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

3258 N. Monroe Street  
Tallahassee, Florida 32303

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Management Consulting Services

**ARTICLE IV SHARES**

The number of shares of stock is:

One thousand (1000)

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

- President Brian S. Webb 2487 Elfinwing Lane Tallahassee, FL 32309
- Vice President Royce R. Spring, II 1875 Chardonay Place Tallahassee, FL 32317
- Secretary Thomas L. Hicks, MD 2302 Ellicott Drive Tallahassee, FL 32312
- Treasurer Randy R. Reese, MD 4850 Bradfordville Road Tallahassee, FL 32308

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**ARTICLE VI REGISTERED AGENT**

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

Brian S. Webb  
2487 Elfinwing Lane  
Tallahassee, FL 32309

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Brian S. Webb  
2487 Elfinwing Lane  
Tallahassee, FL 32309

\*\*\*\*\*

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

  
\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
Date