# P04000145274

	(Requestor's Name)
***	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
· · · · · · · · · · · · · · · · ·	(Document Number)
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# TRANSMITTAL LETTER

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

SUBJECT: PATIENTS FIRST, INC.					
	(PROPOSED	CORPORATI	ENAME - MUST INCLU  es of incorporation and		
\$70.00			\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	ROYCE RI 3258 N.	·			
	_	522 -2	2010 ephone number		

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 INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2258 N. MONROE ST

TALLAHASSEE, FL 32303

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MANAGEMENT SERVICES

# ARTICLE IV SHARES

The number of shares of stock is:

1000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

BRIAN 5 WEBB

ROYCE R SPRING IN UP

### ARTICLE VI REGISTERED AGENT

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

BRIAN 3. WEBB

ELFINNING LANE

TALLANASSEE, FL 32309

# ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ROYCE R SPRING B. 3258 N. MONROE ST

TALLAMASSEE, PL 52303

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