

PO5000043770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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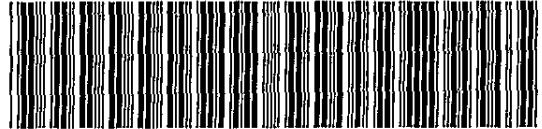
(Business Entity Name)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR 16 PM 2:29

TRANSMITTAL LETTER

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

SUBJECT: Physician Group Solutions, 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: Marynell A. Lubinski
Name (Printed or typed)

5057 Country Brook Dr.
Address

Cooper City, FL 33330
City, State & Zip

954-880-0990 / 772-349-4593
Daytime Telephone number

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

05 MAR 16 PM 2:29

ARTICLES OF INCORPORATION

- Article I. The name of the corporation shall be Physician Group Solutions, Inc.
- Article II. The principal place of business and mailing address is 5057 Country Brook Drive, Cooper City, FL 33330.
- Article III. The purpose for which the corporation is organized is to provide consulting services to physician practices.
- Article IV. The number of shares of stock is 100.
- Article V. Initial Officers:
Marynell A. Lubinski, President
5057 Country Brook Drive
Cooper City, FL 33330
- Article VI. Registered Agent:
Marynell A. Lubinski
5057 Country Brook Drive
Cooper City, FL 33330
- Article VII. Incorporator:
Marynell A. Lubinski
5057 Country Brook Drive
Cooper City, FL 33330

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.

Marynell A. Lubinski
Signature / Registered Agent

3/11/05
Date

Marynell A. Lubinski
Signature / Incorporator

3/11/05
Date