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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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STORETARY OF STATE

(A) 2-23 No

TRANSMITTAL LETTER

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

SUBJECT: Physical	(PROPOSED CORPORA)	te name – <u>must inc</u> l	udesuteix)	<u></u>
Enclosed are an orig	ginal and one (1) copy of the arti-	cles of incorporation and	a check for:	
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: Ch	arles E. Coffin, Jr.	(Printed or typed)	<u> </u>	, užice
	6425 Shoreline Drive #10403	ddress	<u></u>	+ · · · · · · · · · · · · · · · · · ·
:	Saint Petersburg, FL 33708 City,	State & Zip	<u> </u>	kerrie
	727-418-5280	elephone number		; w.s

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)

FILED SECRETARY OF STATE DIVINION OF CORPORATIONS

05 MAR 16 PM 2: 39

ARTICLE I NAME

The name of the corporation shall be:

Physician Services of America, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 6425 Shoreline Drive #10403, Saint Petersburg, FL 33708

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide and recommend services to physicians and others in the medical profession.

ARTICLE IV SHARES

The number of shares of stock is: 2000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Charles E. Coflin, Jr (President)

ARTICLE VI REGISTERED AGENT

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

Charles E. Coffin, Jr. 6425 Shoreline Drive #10403 Saint Petersburg, FL 33708

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Charles E. Coflin, Jr. 6425 Shoreline Drive #10403 Saint Petersburg, FL 33708

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

Signature/Registered Agent

ignature/Incorporator

3/10/05

0/01

Date