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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212)431-5000
Fax Number : (212)431-1441

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TALLAHASSEE FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION
DOCTORS PRACTICE MANAGEMENT CORP.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

Doctors Practice Management Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:
3300 SE 22nd Avenue, Ocala, FL 34471

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
General

ARTICLE IV SHARES

The number of shares of stock is:
1,000 No par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
Adam Alpers, 3300 SE 22nd Avenue, Ocala, FL 34471

ARTICLE VI REGISTERED AGENT

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

Adam Alpers, 3300 SE 22nd Avenue, Ocala, FL 34471

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Stephanie Wright, c/o BLUMBERGEXCELSIOR, 62 WHITE STREET, NEW YORK, NY 10013

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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

X _____ Adam Alpers
Signature/Registered Agent

07/09/2010
Date

_____
Signature/Incorporator

7/13/2010
Date