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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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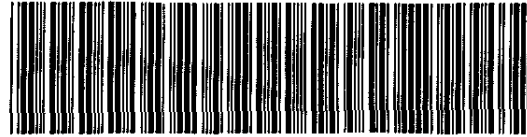
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 03 2011

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: Mobile Physicians, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1201 N.W. 11th street

Mailing address, if different is:

Ft. Lauderdale Fl 33311

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Providing Mobile Physicians services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sharon Anderson, Owner/Operator
Address: 1201 N.W. 11th Street
Ft. Lauderdale Fl. 33311

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Sharon Anderson
Address: 1201 N.W. 11th Street
Ft. Lauderdale, Fl. 33311

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Sharon Anderson
Address: 1201 N.W. 11th Street
Ft. Lauderdale, Fl. 33311

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

Sharon Anderson
Required Signature/Registered Agent

10/14/2011
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Sharon Anderson
Required Signature/Incorporator

10/14/2011
Date

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