

Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
INNOVATIVE PHYSICIANS SOLUTIONS, INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

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TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of the corporation shall be:

INNOVATIVE PHYSICIANS SOLUTIONS, INC

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

P: 7000 SW 62 AVE, MIAMI, FLA 33143
SUITE # 300.

M: 15940 SW 141 TERRACE, MIAMI, FLA 33196

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ELIEZER VEGUILLA
15940 SW 141 Terr
MIAMI FLA 33196

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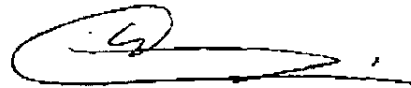
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ARTICLE V - INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

ELIEZER VEGUILLA
15940 SW 141 TERR
MIAMI FLA 33196

The undersigned incorporator has executed these Articles of Incorporation this

10 day of NOV 2011

Signature

ARTICLE VI - DIRECTOR (S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

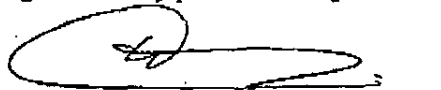
ELIEZER VEGUILLA - PRESIDENT.
LOUIS D. VILLALBA - SECRETARY
VICE - PRESIDENT.SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 NOV 10 PM 4:24

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT**/REGISTERED OFFICE**

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.



Registered Agent Signature

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