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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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Fax Number : (305) 220-1440

EFFECTIVE DATE 1/1/12

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
ONEPOINT PHYSICIANS SOLUTIONS, INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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12/8/2011 1:32:32 PM PAGE 1/001 Fax Server

#7483 P.002/004



December 9, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations
LAZARUS CORPORATE FILING SERVICE, INC.

SUBJECT: ONEPOINT PHYSICIANS SOLUTIONS, INC
REF: W11000061731

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

We cannot accept Articles that have been executed (signed) by an Incorporator for a date in the future.

If you have any further questions concerning your document, please call (850) 245-6949.

Thomas Chang
Regulatory Specialist II
New Filing Section

FAX Aud. #: H11000287939
Letter Number: 611A00027556

P.O BOX 6327 - Tallahassee, Florida 32314

10/20/2029 05:19
Dec. 8. 2011 10:33AM

Christie Carrasquillo-provider

#7483 P.003/004
NO. 2200 1. 1

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ARTICLES OF INCORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

EFFECTIVE DATE 1/1/12

ARTICLE I - NAME

The name of the corporation shall be:

OnePoint Physicians Solutions, Inc
Effective January 1st, 2012

ARTICLE II - PRINCIPAL OFFICE

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

6355 NW 36 St., Suite # 509
Miami, FL 33166

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:

Christie Carrasquillo
6355 NW 36 St., Suite # 509
Miami, FL 33166

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Dec. 8. 2011 10:33AM

CHRISTIE CARRASQUILLO-PROVIDER

#7483 P.004/004

NO. 2200 1. 2

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11 DEC -9 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE V - INCORPORATOR

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

Christie Carrasquillo
6355 NW 36 St., Suite # 509
Miami, FL 33166

The undersigned incorporator has executed these Articles of Incorporation this 8TH
day of DECEMBER, 2011


Signature

ARTICLE VI- DIRECTOR (S)

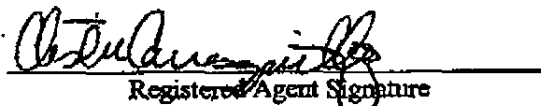
The name(s) and street address (es) of the director(s) to these Articles of
Incorporation is (are):

Christie Carrasquillo- President
6355 NW 36 St., Suite # 509
Miami, FL 33166

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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