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Florida Department of State
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(((H110002904013))) Effective Date Jan. 01, 2012



H110002904013ABCS

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FLORIDA PROFIT/NON PROFIT CORPORATION
PROFESSIONAL HEALTH POINT CORP

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H11000290401

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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE I - NAME

Effective Date Jan. 01, 2012

The name of the corporation shall be:

PROFESSIONAL HEALTH Point Corp

EFFECTIVE DATE: 01/01/12

ARTICLE II - PRINCIPAL OFFICE

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

6817 SOUTH POINT PARKWAY SUITE 702
JACKSONVILLE FL 32216**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:

ZOILA E CARDENAS
6817 SOUTH POINT PARKWAY
SUITE 702
JACKSONVILLE FL 32216

H11000290401

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ARTICLE V - INCORPORATOR

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

ZOILA E. CARDENAS
6817 SOUTH POINT PARKWAY
SUITE 702
JACKSONVILLE FL 32216

The undersigned incorporator has executed these Articles of Incorporation this
12 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):

ZOILA E. CARDENAS (P)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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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