

12/20/2011

14:29 SHUMAKER LOOP & KENDRICK

(FAX) 813 229 1660

P.001/002

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Florida Department of State
Division of Corporations
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To:

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

REFAXING:

**PLEASE GIVE ORIGINAL FILE DATE OF
12/19/2011. THANK YOU.**

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813) 229-7600
Fax Number : (813) 229-1660

****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
Partners Practice Services, Inc.

Certificate of Status	0
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12/19/2011

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

11 DEC 19 AM 10:28

ARTICLE I NAME Partners Practice Services, Inc.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

6151 Lake Osprey Drive, 3rd Floor
Lakewood Ranch, FL 34240

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To perform billing, book-keeping, accounting, technical, administrative and consulting services for medical practices and ancillary health care providers, and to engage in any other lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nigel de Wit, President/Director Name and Title:

Address: 11913 Summer Meadow Drive Address:

Lakewood Ranch, FL 34240

Name and Title: Dayani Rochelle, Secretary/Treasurer Director Name and Title:

Address: 2380 Allegheny Lane Address:

Northport, FL 34286

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: Stephen D. Spangler

Address: 2381 Fruitville Road

Sarasota, FL 34237

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Bennett H. Speyer

Address: 1000 Jackson Street

Toledo, Ohio 43604

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

Required Signature/Registered Agent

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.

Required Signature/Incorporator

Date

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