

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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**REFAXING:**

To: Division of Corporations  
Fax Number : (850) 617-6381 **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: \_\_\_\_\_

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
Partners Practice Services, Inc.**

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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: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

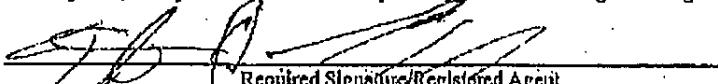
Name: Stephen D. Spangler  
Address: 2381 Fruitville Road  
Sarasota, FL 34237

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

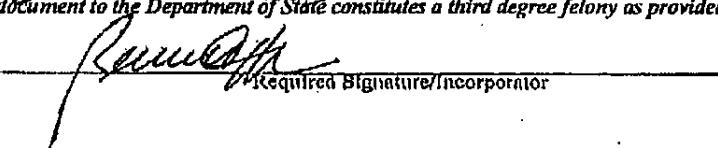
Name: Bennett H. Speyer  
Address: 1000 Jackson Street  
Toledo, Ohio 43604

*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

12/19/11  
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

12/19/11  
Date

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