

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000021263 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

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

From: Account Name : CORPORATION SERVICE COMPANY  
Account Number : 120000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1515

RECEIVED  
12 JAN 25 PM 3:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**\*\*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  
FLORIDA IPS MEDICAL SERVICES, P.A.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

FILED  
12 JAN 25 AM 8:48  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

PS 1/26/12

**COVER LETTER**

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** Florida IPS Medical Services, P.A.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee  
☐ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** Heather Banks

Name (Printed or typed)

6200 South Syracuse Way, Suite 200

Address

Greenwood Village, CO 80111

City, State & Zip

303-495-1207

Daytime Telephone number

heather.banks@emsc.net

E-mail address: (to be used for future annual report notification)

**NOTE:** Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

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

12 JAN 25 AM 8:48

**ARTICLE I NAME**

The name of the corporation shall be: Florida IPS Medical Services, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

6600 S. Syracuse Way Ste 100  
Greenwood Village, CO 80111

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Professional medical services.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Gregory J. Byrne, M.D., President  
Address: 6600 S. Syracuse Way Ste 100  
Greenwood Village, CO 80111Name and Title: Terry Meadows, M.D., Vice President  
Address: 6600 S. Syracuse Way Ste 100  
Greenwood Village, CO 80111Name and Title:  
Address:Name and Title:  
Address: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: Corporation Service Company  
Address: 1601 Hays Street  
Tallahassee, FL 32301**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Heather D. Banks  
Address: 6600 S. Syracuse Way Ste 100  
Greenwood Village, CO 80111

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

Stephanie K. Milnes  
Assistant Vice President

1/25/2012

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.

Heather D. Banks  
Required Signature/Incorporator1/19/12  
Date