

PI 2000011784

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 FEB -2 AM 10:24

FILED

J. Shivers FEB 03 2012

ARTICLES OF INCORPORATION

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

ARTICLE I * NAME

The name of the corporation shall be: Personalized Practice Systems, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
13695 NW 172nd Ave
Alachua, FL 32615

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Personalized Practice Systems, Inc. is a gloStream Certified Partner specializing in providing customized Practice Management and Electronic Medical Records solutions to physician practices. Our mission is to assist physician practices in modernizing and streamlining their practice management technology with gloStream electronic medical records. Our partnership with gloStream and our providers help physicians improve patient care by streamlining workflow and creating efficiencies in office administration.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Philip Dodds, President and CEO
Address: 13695 NW 172nd Ave
Alachua, FL 32615

Name and Title: _____
Address: _____

Name 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:

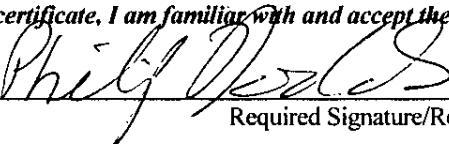
Name: Philip Dodds
Address: 13695 NW 172nd Ave
Alachua, FL 32615

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Philip Dodds
Address: 13695 NW 172nd Ave
Alachua, FL 32615

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

Required Signature/Registered Agent

01/31/2012
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.


Required Signature/Incorporator

Required Signature/Incorporator

01/31/2012
Date

FILED
2012 FEB -2 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA