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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : CSH SERVICES, LLC

Account Number : I20070000160 Phone : (800)494-3124

Fax Number : (561)455-9885

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION

LG PHYSICIAN ASSISTANT SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
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TEHMOLE VOL SO SUL

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:

LG PHYSICIAN ASSISTANT SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address is:

1901 BRICKELL AVE # B 804

MIAMI, FLORIDA 33129

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS

The name(s), address(es), and title(s) of the directors and office

is/are:

DIRECTOR, PRESIDENT, SECRETARY & TREASURER:

LINETTE D. GALLO

1901 BRICKELL AVE # B 804

MIAMI, FLORIDA 33129

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PAGE 2 LG PHYSICIAN ASSISTANT SERVICES, INC.

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

LINETTE D. GALLO

1901 BRICKELL AVE PH4

MIAMI, FLORIDA 33129

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

LINETTE D. GALLO

1901 BRICKELL AVE # B 804

MIAMI, FLORIDA 33129

Having been named as registered agent to accept service of process for the above 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.

LINETTE D. GALLO / REGISTERED AGENT

LINETTE D. GALLO / INCORPORATOR

DATE

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