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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

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
HEALTH PROVIDER NETWORK, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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Corporate Filing Menu

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TALLAHASSEE, FLORIDA

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8/20

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

ARTICLE I. NAME Health Provider Network, Inc.
The name of the corporation shall be:

ARTICLE II. PRINCIPAL OFFICE
Principal street address
Certilman Balin Adler & Hyman, LLP
ATTN: Matthew Moisan, Esq.
90 Merrick Ave. 9th Floor
East Meadow, NY 11554

Mailing address, if different is:

ARTICLE III. PURPOSE

The purpose for which the corporation is organized is:

The purpose of the corporation is to engage in any lawful act or activity for which corporations may be organized under the corporation laws of the State of Florida.

ARTICLE IV. SHARES

The number of shares of stock is 200, no par value.

ARTICLE V. INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
_____	_____	_____	_____
_____	_____	_____	_____
Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
_____	_____	_____	_____
_____	_____	_____	_____
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: United Corporate Services, Inc.
Address: 9200 South Dadeland Boulevard, Suite 508
Miami, FL 33156

ARTICLE VII. INCORPORATOR

The name and address of the incorporator is:

Name: Matthew Moisan, Esq.
Address: 90 Merrick Ave. 9th Floor
East Meadow, NY 11554

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.

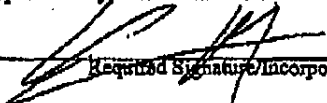


Required Signature/Registered Agent
Michael A. Barr, President

8/17/12

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.817.133, F.S.



Required Signature/Incorporator

8/16/12

Date

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