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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
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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

8/20

Electronic Filing Menu Corporate Filing Menu Help

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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: Health Provider Network, Inc.

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

_____ 8/17/12
Required Signature/Registered Agent — Date
Michael A. Barr, President

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.

_____ 8/16/12
Required Signature/Incorporator — Date

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