

P13000088955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

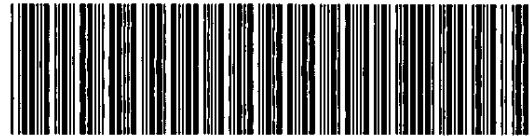
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200253226352

10/29/13--01030--003 **70.00

FILED

13 OCT 29 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
10/30/13

COVER LETTER

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

SUBJECT: **PHYSICIAN SOLUTIONS, INC.**

(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: **BARRY LEFF**

Name (Printed or typed)

4611 S. UNIVERSITY DRIVE, SUITE 205

Address

DAVIE, FL 33328

City, State & Zip

954-769-0911

Daytime Telephone number

DEPTSTATE@PHYSICIANSOLUTIONSINC.COM

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

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

**PHYSICIAN SOLUTIONS, INC.
4611 S. UNIVERSITY DRIVE
SUITE 205
DAVIE, FL 33328**

FILED
13 OCT 29 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 28, 2013

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To Whom It May Concern:

I incorporated my business online as a corporation under the name **PHYSICIAN SOLUTIONS, INC.**


I did not receive any notification for annual reports for 2013.

I have no intention of reinstating the old corporation filed under number P12000006517.

I am attaching the new Articles of Incorporation effectively immediately, along with a check for \$70.00

Should you have any questions, please do not hesitate to contact me.

Sincerely,



Barry Left

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: PHYSICIAN SOLUTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

4611 SOUTH UNIVERSITY DRIVE
SUITE 205
DAVIE, FL 33328

Mailing address, if different from principal address

FILED
13 OCT 29 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BARRY LEFF, PRES Name and Title: _____

Address: 4611 S. UNIVERSITY DRIVE Address: _____
SUITE 205
DAVIE, FL 33328

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(cont.)

FILED

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

13 OCT 29 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

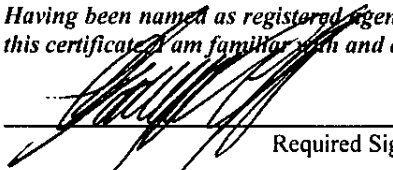
Name: BARRY LEFF
Address: 4611 S. UNIVERSITY DRIVE, STE. 205
DAVIE, FL 33328

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: BARRY LEFF
Address: 4611 S. UNIVERSITY DRIVE, STE. 205
DAVIE, FL 33328

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

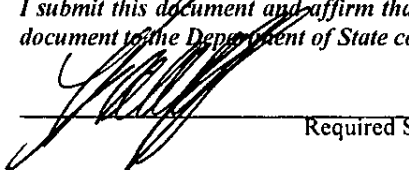


Required Signature/Registered Agent

10/29/13

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

10/29/13

Date