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(City/State/Zip/Phone #)

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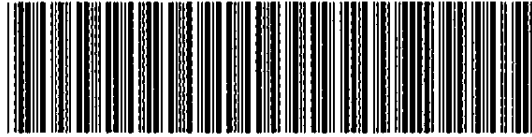
(Business Entity Name)

(Document Number)

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FLORIDA FILING & SEARCH SERVICES, INC.

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 11/8/13

NAME: INTERNENTIONAL MANAGEMENT SERVICES HOLDINGS, INC.

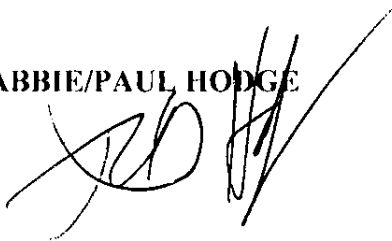
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COVER LETTER

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

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TALLAHASSEE, FLORIDA

SUBJECT: Interventional Management Services Holdings, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Nancy L. Vidad
Name (Printed or typed)
77 West Wacker Drive - Suite 4100
Address
Chicago, IL 60601
City, State & Zip
312-750-8671
Daytime Telephone number
nvidad@mcguirewoods.com
E-mail address: (to be used for future annual report notification)

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

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: Interventional Management Services Holdings, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5410 E. Co. Hwy 30A

Suite 213

Seagrove Beach, FL 32459

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any lawful purpose or purposes as allowed under the Florida Business Corporation Act.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robin J. Fowler, President

Address: 281 West Paces Ferry Road, NW
Atlanta, Georgia 30305

Name and Title: Robin J. Fowler, Director

Address: 281 West Paces Ferry Road, NW
Atlanta, Georgia 30305

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

(conti.)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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ARTICLE VI REGISTERED AGENT

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

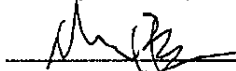
Name: CT Corporation System
Address: 1200 South Pine Island Road
Plantation, Florida 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mary DeBartolo
Address: 77 W. Wacker Dr. - Ste 4100
Chicago, Illinois 60601

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.

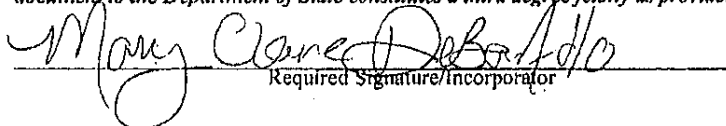


Required Signature/Registered Agent

Max Bode
Assistant Secretary

11/08/2013
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

11/08/13
Date