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ATTN: ASST. CLERK

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T SCHROEDER

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 860969 7509084

AUTHORIZATION :



COST LIMIT : \$ 70.00

ORDER DATE : November 4, 2015

ORDER TIME : 8:49 AM

ORDER NO. : 860969-005

CUSTOMER NO: 7509084

DOMESTIC FILING

NAME: MEDICAL COMMAND CLINICAL  
PRACTICE OF FLORIDA, P.A.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP  
       ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

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

**SUBJECT:** Medical Command Clinical Practice of Florida, P.A.

(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:** \_\_\_\_\_  
Name (Printed or typed)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Daytime Telephone number

\_\_\_\_\_  
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: Medical Command Clinical Practice of Florida, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

850 S. Palafox Street, Suite 101

Pensacola, FL 32502

Mailing address, if different is:

LEGAL DEPT.

6200 S. Syracuse Way, Suite 200

Greenwood Village, CO 80111

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: medical services

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Gregory Byrne, M.D. (President/Director)

Name and Title: \_\_\_\_\_

Address 13737 Noel Road, Suite 1600

Address: \_\_\_\_\_

Dallas, TX 75240

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

15 NOV -5 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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: Corporation Service Company  
Address: 1201 Hays Street  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Lynne Liko  
Address: 6200 S. Syracuse Way, Suite 200  
Greenwood Village, CO 80111

FILED  
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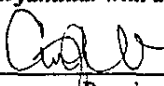
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

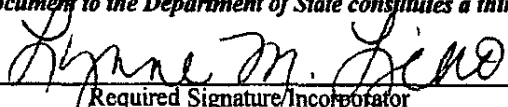
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

 Courtney Williams  
\_\_\_\_\_  
Required Signature/Registered Agent Asst. Vice President  
11.05.15  
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.*

 Lynne M. Liko  
\_\_\_\_\_  
Required Signature/Incorporator  
11/3/2015  
Date