

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 2/20/19

NAME: CARESPAN MEDPSYCH NETWORK, P.C.

TYPE OF FILING: ARTICLES

COST: 70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

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: CareSpan MedPsych Network, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

16629 Sedona de Avila

Tampa, FL 33613

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Medical corporation.

ARTICLE IV SHARES

The number of shares of stock is: 100000000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sam Toney President Name and Title: _____

Address 16629 Sedona de Avila Address: _____

FL 33613 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
19 FEB 20 AM 9:12
TAMPA, FL 33613

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

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sam Toney
 Address: 16629 Sedona de Avila
Tampa, Fl. 33613

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 days prior or 90 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

By: James Halpin, Assistant Secretary February 19, 2019
 CT Corporation System Required Signature/Registered Agent 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.

_____ February 19, 2019
 Required Signature/Incorporator Date

FILED
 19 FEB 20 AM 9:12
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA