

P95000043005

WILSON *WS* SUAREZ

ATTORNEYS AT LAW

A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

CAPITAL BANK BUILDING • MEZZANINE
2151 LE JEUNE ROAD
CORAL GABLES, FLORIDA 33134-4200

TELEPHONE (305) 446-7300
FACSIMILE (305) 446-7338

May 22, 1995

Secretary of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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-05/26/95--01091--021
***122.50 ***122.50

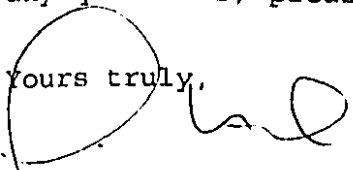
Re: Professional Medical Assistance, Inc.

Dear Sirs:

Enclosed please find the original and a copy of the Articles of Incorporation of Professional Medical Assistance, Inc. Also enclosed is a check in the amount of \$122.50.

It is my desire to incorporate as soon as possible and your prompt attention to that effect would be greatly appreciated. If you have any questions, please do not hesitate to contact me.

Yours truly,


J. EVERETT WILSON

EJW/jr

Enclosures

FILED
95 MAY 26 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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6-2

**ARTICLES OF INCORPORATION
OF
PROFESSIONAL MEDICAL ASSISTANCE, INC.**

ARTICLE I

NAME

The name of the Corporation shall be PROFESSIONAL MEDICAL ASSISTANCE, INC.

ARTICLE II

PURPOSES

This Corporation is organized for the purpose of transacting any and all lawful business for which corporations may be incorporated under the laws of the State of Florida.

ARTICLE III

STOCK

This Corporation is authorized to issue 500 shares of Common Stock having a par value of \$1.00 per share.

ARTICLE IV

INITIAL REGISTERED OFFICE AND AGENT AND MAILING ADDRESS

The street address of the initial Registered Office of this Corporation and of its principal office is 2151 Le Jeune Road, Mezzanine, Coral Gables, Florida 33134, and the name of the initial Registered Agent of this Corporation at that address is J. EVERETT WILSON. The mailing address is the same.

ARTICLE V

INITIAL BOARD OF DIRECTORS

This Corporation shall have one (1) Director initially. The number of Directors may be increased or diminished from time to

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TALLAHASSEE, FLORIDA

time by the ByLaws but shall never be less than one. The name and address of the initial Director of this Corporation is:

NAME	ADDRESS
J. Everett Wilson	c/o Wilson & Suarez 2151 LeJeune Road, Mezzanine Coral Gables, FL 33134

ARTICLE VI

INCORPORATOR

The name and address of the person signing these Articles is:

J. Everett Wilson	c/o Wilson & Suarez 2151 LeJeune Road, Mezzanine Coral Gables, FL 33134
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ARTICLE VII

INDEMNIFICATION

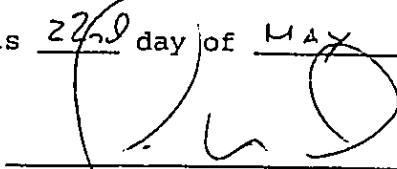
The Corporation shall indemnify any Officer or Director, or any former Officer or Director, to the full extent permitted by law.

ARTICLE VIII

AMENDMENT

These Articles of Incorporation may be amended in the manner provided by law.

IN WITNESS WHEREOF, the undersigned Subscriber has executed these Articles of Incorporation this 22nd day of MAY, 1995.


J. EVERETT WILSON

STATE OF FLORIDA)
) SS:
COUNTY OF DADE)

I hereby certify that on this day, before me, a Notary Public, duly authorized in the State and County named above to take acknowledgements, personally appeared J. EVERETT WILSON, personally known by me to be the person described in and who executed the foregoing Articles of Incorporation, and he acknowledged before me that he subscribed to these Articles of Incorporation.

WITNESS my hand and official seal in the Country and State named above, this 20th day of May, 1995.



E SUAREZ
My Commission CC425483
Expires Dec. 08, 1998
Bonded by HAI
800-422-1555

E. Suarez
Notary Public, State of Florida
at Large

My commission expires:

ACKNOWLEDGEMENT AND ACCEPTANCE OF REGISTERED AGENT

Having been named as Registered Agent for the above Corporation at the place designated in the Articles of Incorporation, I hereby accept to act in this capacity, and agree to comply with the provisions of the Florida Corporations Code pertaining to the duties and responsibilities of a Registered Agent.

J. EVERETT WILSON
J. EVERETT WILSON
95 MAY 26 PM 2:15
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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WILSON VVS SUAREZ

ATTORNEYS AT LAW
A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

CAPITAL BANK BUILDING • MEZZANINE
2151 LE JEUNE ROAD
CORAL GABLES, FLORIDA 33134-4200

TELEPHONE (305) 446-7300
FACSIMILE (305) 446-7336

September 22, 1995

Florida Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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-09/28/95--01067--006
*****35.00 *****35.00

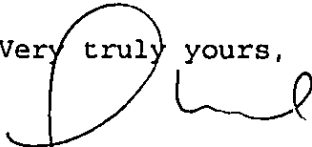
RE: Articles of Amendment for Professional Medical Assistance,
Inc.

Dear Sirs:

Enclosed please find the original and a copy of the Articles of Amendment to Articles of Incorporation of Professional Medical Assistance, Inc. changing the name of the corporation to ProMedServ, Inc. Also enclosed is a check for the appropriate filing fee.

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

Very truly yours,



J. EVERETT WILSON

EJW/jr

Enclosures

FILED
95 SEP 28 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NC
ERG
10-5

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

PROFESSIONAL MEDICAL ASSISTANCE, INC.

1. The name of the Corporation is PROFESSIONAL MEDICAL ASSISTANCE, INC. (the "Corporation").

2. Article I of the Articles of Incorporation of the Corporation is amended to read as follows:

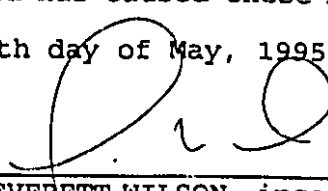
ARTICLE I - NAME

The name of the Corporation shall be PROMEDSERV, INC.

3. This amendment was adopted on May 26, 1995.

4. This amendment was adopted by the incorporators without shareholder action and shareholder action was not required.

IN WITNESS WHEREOF, the undersigned has caused these Articles of Amendment to be executed on this 26th day of May, 1995.


J. EVERETT WILSON, incorporator

STATE OF FLORIDA)
) SS
COUNTY OF DADE)

The foregoing instrument was acknowledged before me this 26 day of May, 1995, by J. EVERETT WILSON, who is personally known to me or who has produced FL DRIVER'S LICENSE (type of ID) as identification and who did take an oath.



OFFICIAL SEAL
GONZALO PEREZ
My Commission Expires
Feb. 23, 1996
Comm. No. CC 182136


Signature of Notary Public

Printed Name of Notary

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

96 SEP 20 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000043005**

1 Corporation Name

PROMEDSERV, INC.

Principal Place of Business

2151 LE JEUNE ROAD, MEZZANINE
CORAL GABLES FL 33134

Mailing Address

2151 LE JEUNE ROAD, MEZZANINE
CORAL GABLES FL 33134



REINSTATEMENT 96

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2 New Principal Office Address, If Applicable		3 New Mailing Office Address, If Applicable		4 Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/26/1995	
City & State		City & State		5 FEI Number	
Zip		Country		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6 CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status					

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	WILSON, J. EVERETT	2151 LE JEUNE ROAD, MEZZANINE	CORAL GABLES FL 33134
			400001965834 -10/04/96--01107--013 ****375.00 ****375.00
			400001965834 -10/04/96--01107--014 *****8.75 *****8.75
			9/16/96

8. Name and Address of Current Registered Agent

WILSON, J. EVERETT
2151 LE JEUNE ROAD, MEZZANINE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

9/16/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12 I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

J. EVERETT WILSON

9/16/96

(305) 446-7300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/96)