

P95000052242

FILED

95 JUN -9 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 9, 1995

EFFECTIVE DATE

June 9, 1995

600001511876
-06/13/95--01060--001
*****35.00 *****35.00

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


Re: The Florida Doctors Risk Management Advisors, Inc.

Gentlemen:

Attached is properly executed Articles of Incorporation and check
in the amount of \$35.

Sincerely,

THE FLORIDA DOCTORS RISK MANAGEMENT ADVISORS, INC.


Russ R. Madio
Secretary/Treasurer

200001533188
-07/10/95--01024--013
*****35.00 *****35.00

RRM:sgb
Encs.

W95-12339
KN 6-16-95



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

June 16, 1995

RUSS R. MADIO
2514 HOLLYWOOD BLVD.
#406
HOLLYWOOD, FL 33020

SUBJECT: THE FLORIDA DOCTORS RISK MANAGEMENT ADVISORS, INC.
Ref. Number: W95000012339

We have received your document for THE FLORIDA DOCTORS RISK MANAGEMENT ADVISORS, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$35.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The corporate fees are as follows:

CORPORATIONS FILING FEES

Profit and NonProfit
Florida & Foreign Corp.

Filing Fees	\$35.
Registered Agent Designation	\$35.
Certified Copy	\$52.50
Total Fee Due	\$122.50

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6927.

Kathy Hyman
Document Specialist

Letter Number: 395A00029756

ARTICLES OF INCORPORATION

OF

THE FLORIDA DOCTORS RISK MANAGEMENT ADVISORS, INC.

FILED

JUN -9 PM 4: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I
NAME

The name of the corporation shall be: THE FLORIDA DOCTORS RISK MANAGEMENT ADVISORS, INC.

The principal place of business of this corporation shall be: 2514 Hollywood Blvd., Suite 406, Hollywood, Florida 33020.

The mailing address of this corporation is P.O. Box 7089, Hollywood, Florida 33081.

ARTICLE II
NATURE OF BUSINESS

The corporation may engage in physician/dentist risk management activities or related business permitted under the laws of the United States, the State of Florida, or any other state, county, territory or nation.

ARTICLE III
CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 1,000 at \$1.00 par value.

ARTICLE IV
TERM OF EXISTENCE

This corporation is to exist perpetually, and the effective date is the date of this subscription.

ARTICLE V
OFFICERS AND DIRECTORS

The names and street addresses of the initial officers and directors who shall hold office the first year of the corporation's existence or until their successors are elected, are:

George F. Struzynski
2514 Hollywood Blvd., #406
Hollywood, Florida 33020

President

Russ R. Madio
2514 Hollywood Blvd., #406
Hollywood, Florida 33020

Secretary/Treasurer

ARTICLE VI
INCORPORATOR

The name and street address of the Incorporator to these Articles of Incorporation is:

Russ R. Madio
2514 Hollywood Blvd., #406
Hollywood, Florida 33020

ARTICLE VII
AMENDMENT

This corporation reserves the right to amend or repeal any provisions contained in these articles of Incorporation, or any amendment hereto, and any right conferred upon the Shareholders is subject to this reservation.

ARTICLE VIII
REGISTERED OFFICE AND REGISTERED AGENT

The name of the initial Registered Agent of this corporation and the street address of the initial Registered Office are as follows: Russ R. Madio, 2514 Hollywood Blvd., Suite 406, Hollywood, Florida 33020.

I hereby accept to act as Registered Agent, and agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and am familiar with and accept the obligations as set forth in Florida Statutes.



Registered Agent

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 9 day of June, 1995.

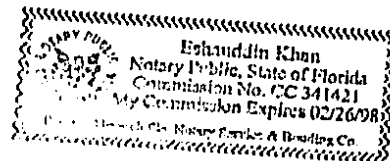
Russ R. Madio
Signature of Incorporator

STATE OF FLORIDA
COUNTY OF BROWARD

THE FOREGOING instrument was acknowledged and sworn to before me this 9th day of June, 1995, by Russ R. Madio of THE FLORIDA DOCTORS RISK MANAGEMENT ADVISORS, INC.

Eshauddin Khan
Notary Public

My Commission Expires: _____



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95 JUN -9 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P95000052242

FLORIDA DOCTORS RISK MANAGEMENT ADVISORS

Post Office Box 816968
Hollywood, Florida 33081

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

800001992798--3
-10/31/96--01094--016
*****35.00 *****35.00

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Resignation of R.A. Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
96 OCT 31 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SH 1/6

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: The Florida Doctors Risk Management Advisors, Inc.

2. The mailing address of the corporation is: P.O. Box 816968, Hollywood, FL 33081

3. Date of incorporation/qualification: 6/30/95 Document number: 9500052842

4. The name and address of the current registered agent and office:

Mr. Russ Madio

2514 Hollywood Blvd.: Suite 406

Hollywood, FL 33020

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

Mr. John Denaro

4983 79th Avenue, ~~West~~ Drive, East

Sarasota, FL 34243

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

John Denaro
(Signature of an officer, chairman or vice chairman of the board)

10/28/96
(Date)

Mr. John Denaro, Vice President
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

John Denaro
(Signature of Registered Agent)

10/28/96
(Date)

If signing on behalf of an entity:

The Florida Doctors Risk Management Inc. Vice President
(Typed or Printed Name) (Capacity)

FILING FEE: \$35.00

FLORIDA DOCTORS RISK MANAGEMENT ADVISORS
Linking Physicians & Healthcare Consultants with Crucial Managed Care Information

P95000052242

January 31, 1997

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32414

Re: Dissolution of Corporation

Dear Sirs,

Please dissolve the Florida Doctors Risk Management Advisors, Inc.,
effective 1/31/97.

Please send a certificate of status (after the dissolution) to:

FDRMA
P.O. Box 7089
Hollywood, FL 33081
(954) 925-6644

Thank you for your prompt reply to this request.

Sincerely,


Russ R. Maggio

SH $\frac{2}{7}$
Diss.

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TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: Florida Doctors Risk Management
Advisors, Inc.

SECOND: The date dissolution was authorized: January 31, 1997

THIRD: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by vote of the shareholders through voting groups.


The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signed this 31 day of January, 19 97

Signature


(By the Chairman or Vice Chairman of the Board, President, or other officer)

Russ R. Madio

(Typed or printed name)

Secretary

(Title)

FILED
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

97FEB-3 PM12:16