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TRANSMITTAL LETTER

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

95 JUL 17 10 46 60

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****131.25 ****131.25

SUBJECT: INDEPENDENT MEDICAL PROFESSIONALS, INC.
(Proposed corporate name - must include "INC.")

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: PATRICIA A. BAILEY
Name (printed or typed)

822 MAGNOLIA
Address

MARCO ISLAND, FLORIDA 33937
City, State & Zip

813-642-6884
Daytime Telephone number

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

BROWN JUL 19 1995

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

INDEPENDENT MEDICAL PROFESSIONALS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

822 MAGNOLIA CT
MARCO ISLAND, FLORIDA 33437

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

FIVE - THOUSAND

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

PATRICIA A. BAILEY
822 MAGNOLIA CT
MARCO ISLAND, FLORIDA 33437

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

PATRICIA A. BAILEY
822 MAGNOLIA CT.
MARCO ISLAND, FLORIDA 33937

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

1st day of JULY, 19 95.

Patricia A. Bailey, President
Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

INDEPENDENT MEDICAL
PROFESSIONALS, INC.

2. The name and address of the registered agent and office is:

PATRICIA A. BAILEY
(NAME)

822 MAGNOLIA CT.
(P.O. Box or Mail Drop Box ~~NOT~~ ACCEPTABLE)

MARCO ISLAND, FLORIDA 33937
(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Patricia A. Bailey
(SIGNATURE)

7-1-95
(DATE)