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

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SUBJECT: Physi	Cian Busine. Proposed corporate	as and Support Service.	s, Inc
Enclosed is an originator: \$70.00 Filing Fee	al and one (1) co \$78.75 Filing Fee & Cortificate	\$122.50 \$131.25 Filing Fee Filing Fee, & Certified Copy & Certified Copy Additional Copy Required	d a check
FROM:	11590 Se P.O. Box Cit 813/3	A. Eh/en (printed or typed) minola Blud Suite C-11 Address 3848 Seminole FL 346 ty, State & Zip 192-0824 Telephone number	45-08 FILED

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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 17, 1995

MICHAEL A. EHLEN M&E FINANCIAL SERVICES, INC. P.O. BOX 3848 SEMINOLE, FL 34645

The name PHYSICIAN BUSINESS AND SUPPORT SERVICES, INC. has been reserved for 120 days beginning May 17, 1995. The reservation number is R95000002191 and this reservation is NONRENEWABLE.

A reservation is not a grant of authority to use the name. It is only a withholding of a name from the availability for use by another. When the proposed document is submitted, the name will **AGAIN** be checked against the records of the Division and if still no conflict exists and all other requirements are fulfilled, the reserved name shall be filed as the entity name.

The Division of Corporations is a ministerial filing office and may not render any legal advice. The Division does not adjudicate the legality of any corporate name or arbitrate disputes between entities. You may wish to review other laws such as common law rights, including rights to a trade name; United States Code, Federal Trademark Act, Section 1051 (Lantham Act); Chapter 495, Florida Statutes, Registration of Trademarks and Service Marks (Florida Trademark Act); and Section 865.09, Florida Statutes (Fictitious Name Act).

If someone else submits the document for filing, it must have a copy of this letter attached.

Should you have any questions regarding this matter, please telephone (904) 488-9000, the Name Availability Section

Alan Crum

Letter number: 195A00025274

ARTICLES OF INCORPORATION

Physician Business and Support Services, Inc.

July 30, 1995

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.

FIRST: The name of the corporation is: Physician Business and Support Services, Inc.

SECOND: The principal place of business is: 11590 Seminole Bivd., Suite C-11, Seminole, Florida 34648.

The mailing address is: P.O. Box 3848, Seminole, Florida, 34645-0848.

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

one time is 1,000 shares of no par value.

FOURTH: The address of the initial registered office of the corporation is: 13342 87th Avenue N,

Seminole, Florida 34646. The name of the registered agent located at said address is

Sholley A. Ehlen.

FIFTH: The purpose for which this corporation is organized shall be to engage in any lawful act or

activity for which corporations may be organized under the Florida Business Corporation Act.

SIXTH: The number of directors constituting the initial board of directors is one, and the name(s) and

address(es) who will serve as directors until the first annual meeting of shareholders or until

their successors are as follows:

Michael Anthony Ehlen 11590 Seminole Blvd. Suite C-11, Seminole Florida, 34648

SEVENTH: The duration of the corporation is perpetual.

EIGHT: This is a Close Corporation.

NINTH: The name(s) and address(es) of the persons who are to act as incorporator(s) are as follows:

Michael Anthony Ehlen 11590 Seminole Blvd. Suite C-11, Seminole Florida, 34648

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 30th day of July, 1995.

Signature Mill 9. Eflen

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGIST LIRED 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: Physician Business and Support Services, Inc.
- 2. The names and address of the registered agent and office is:

Shelley A. Ehlen

13342 87th Avenue North Seminole, Florida 34646-2640

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 statues 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.

Shelley a. Ehlen (SIGNATURE)

(DATE)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314