

P96000041500

TRANSMITTAL LETTER

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

300001809103  
-05/06/96--01053--004  
\*\*\*\*131.25 \*\*\*\*131.25

SUBJECT: MEDICAL PRACTICE MANAGEMENT SERVICES,  
(Proposed corporate name - must include suffix) 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: LAURIE J. LENTOVICH, ESQ.  
Name (printed or typed)

P.O. Box # 130  
Address

SANIBEL, FL 33957  
City, State & Zip

941-395-2417

Daytime Telephone number

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAY 15 AM 11:56

789-624-671  
W96-9815

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

95/5/15/96

## TRANSMITTAL LETTER

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
95 MAY 15 AM 11:56

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P. O. Box 6327  
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941-395-2417  
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**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

May 8, 1996

LAURI J. LENTOVICH, ESQUIRE  
POST OFFICE BOX 130  
SANIBEL, FL 33957

SUBJECT: MEDICAL PRACTICE MANAGEMENT SERVICES, INC.  
Ref. Number: W96000009815

We have received your document for MEDICAL PRACTICE MANAGEMENT SERVICES, INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must include original signatures.

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) 487-6973.

Claretha Golden  
Document Specialist

Letter Number: 196A00022505

→ Done!!  
See Attached!

## ARTICLES OF INCORPORATION

FILED  
STATE  
RECORDING  
96 MAY 15 AM 11:56

*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:

MEDICAL PRACTICE MANAGEMENT  
SERVICES, INC.

### ARTICLE II PRINCIPAL OFFICE

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

P.O. OF BUSINESS: 1029 DIXIE BEACH BLVD.  
SANIBEL, FL 33957

MAILING ADDRESS: P.O. BOX # 130  
SANIBEL, FL 33957

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LAURI J. LENTOVICH, ESQ  
P.O. BOX # 130  
SANIBEL, FL 33957

OR

1029 DIXIE BEACH BLVD.  
SANIBEL, FL 33957

Lauri J. Lentovich

**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):

LAURI J. LENTONICH, ESQ.  
1029 DIXIE BEACH BLVD.  
SANIBEL, FL 33957

C.E.O.

(OR)

P.O. BOX # 130  
SANIBEL, FL 33957

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

22<sup>nd</sup> day of APRIL, 19 96.

(An additional article must be added if an effective date is requested.)

Lauri J. Lentonich, J.D., C.E.O.  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**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: MEDICAL PRACTICE MANAGEMENT SERVICES, INC.

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

LAURIE J. LENTOVICH, ESQ  
(NAME)

1029 DIXIE BEACH BLVD.  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

SANIBEL, FL 33957  
(CITY/STATE/ZIP)

RECEIVED  
STATE  
CORPORATIONS  
DIVISION  
APR 15 11:11:50

*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.*

  
(SIGNATURE)

4/22/96  
(DATE)

P96000041500

**MEDICAL PRACTICE MANAGEMENT SERVICES, INC.**

*Southwest Florida's Leading Fee Reimbursement Specialists*

P.O. Box 130  
Sanibel, FL 33957

(941) 437-5448 Telephone  
279.0502 Pager  
437-5449 Fax

7/7/97

FL Dept. Of State  
Div. of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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-07/09/97--01040--005  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

\*\*\*\*\*35.00 \*\*\*\*\*35.00

Dear Madam or Sir,

Enclosed please find the following described documents for filing:

1. Amendment to for profit corporation;
2. check #1092 for \$35.00 filing fee.

Please note that the physical location of Medical Practice Management Services is now: 15010 Punta Rassa #307, Ft. Myers, FL 33908. Its mailing address is still: P.O. Box 130, Sanibel, FL 33957. The new phone numbers are noted above.

Sincerely,



Lauri J. Lentovich

President

FILED  
97 JUL -9 AM 9:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

See 7/14 Amend.

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF

FILED  
97 JUL -9 AM 9:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Medical Practice Management  
Services, Inc.  
(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

**FIRST:** Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

For Resident Agent:

New Address location (of business & Agent)

15010 Punta RASSA # 307

Ft. Myers, FL 33908

Ofc. # 941-437-5446

437-5449 FAX

Mailing Address: P.O. Box 130  
Sanibel, FL  
33957

Lauri J. Lentovich is still resident Agent.

**SECOND:** If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:



THIRD: The date of each amendment's adoption: 7.1.97

FOURTH: Adoption of Amendment(s) (CHECK ONE)



The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.



The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval by \_\_\_\_\_ voting group."



The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.



The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 7<sup>th</sup> day of July, 19 97.

Signature

L. J. Lentovich

(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

Lauri J. Lentovich

Typed or printed name

President

Title