

Transmittal Letter

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

P96000053117

Subject: Physicians Alliance, Inc.

Enclosed is an original and one (1) copy of the articles of Incorporation and a check for \$131.25 for Filing Fee, Certified Copy and Certificate.

From:  
Joanne Harvey  
1160 NW 107<sup>th</sup> Avenue  
Plantation, FL 33322

Daytime Phone Number 954-370-2423

502  
w96-12741

FILED  
25 JUN 23 PM 12:16  
TALLAHASSEE, FLORIDA  
6/21/96  
TD



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

June 14, 1996

JOANNE HARVEY  
1160 NW 107TH AVE  
PLANTATION, FL 33322

SUBJECT: PHYSICIANS ALLIANCE, INC.  
Ref. Number: W96000012744

We have received your document for PHYSICIANS ALLIANCE, INC. and check(s) totalling \$131.25. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

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) 487-6878.

Terri Buckley  
Corporate Specialist

Letter Number: 696A00029710

Joanne Harvey  
1160 NW 107<sup>th</sup> Avenue  
Plantation, FL 33322

June 18, 1996

Terri Buckley  
Corporate Specialist  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Letter Number 696A00029710

Dear Ms. Buckley:

Enclosed please find a resubmittal of our documents for incorporation. The name has been changed to The American Physicians Alliance, Inc.

Sincerely,

*Joanne Harvey*

Joanne Harvey

FILED  
95 JUN 20 PM 12:16  
TALLAHASSEE, FL 32309

## Articles of Incorporation

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

### Article I: Name

The name of the corporation shall be: The American Physicians Alliance, Inc.

### Article II: Principal Office

The principal place of business and mailing address of this corporation shall be:  
7352 W. Atlantic Boulevard  
Margate, Florida, 33063

### Article III: Shares

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

### Article IV: Initial Registered Agent and Street Address

The name and address of the initial registered agent is:  
Joanne Harvey  
7352 W. Atlantic Boulevard  
Margate, Florida 33063

### Article V: Incorporators

The names and street addresses of the incorporators to these Articles of Incorporation are:

Joanne M. Harvey  
1160 NW 107<sup>th</sup> Avenue  
Plantation, FL 33322

Michael B. Ponser  
151 SW 134<sup>th</sup> Way  
Pembroke Pines, FL 33027

The undersigned incorporators have executed these Articles of Incorporation this fifth day of June, 1996.

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Michael Ponser

  
Joanne Harvey

**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/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: The American Physicians Alliance, Inc.
2. The name and address of the registered agent and office is:

Joanne Harvey  
7352 W. Atlantic Boulevard  
Margate, FL 33063

*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.*

Joanne Harvey  
Signature

June 4, 1996

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