

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P.O. Box 6027  
Tallahassee, FL 32314

**SUBJECT: ProMed Professional Medical Managers, 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: ProMed Professional Medical Managers, Inc.  
Name (Printed or typed)

180 ALLAMANDA Drive  
Address

LAKELAND, FL 33803  
City, State & Zip

1-941-603-0292  
Daytime Telephone Number

800002084698--8  
-02/11/97--01199--010  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

EFFECTIVE DATE  
2-10-97

97 FEB 11 AM 9:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

Nancy  
GAVE  
AUTHORIZATION BY PHONE TO  
[Signature]  
2-14

[Signature]  
2/14

ARTICLES OF INCORPORATION

OF

ProMed Professional Medical Managers, Inc.

FILED  
97 FEB 11 AM 9:39  
SECRETARY OF STATE  
TALLAHASSEE FL 32310-0001

Article I - Name

The name of this corporation is ProMed Professional Medical Managers, Inc.

Article II - Duration

This Corporation shall have perpetual duration commencing on the date of execution and acknowledgment of these Articles.

Article III - Purpose

This Corporation is organized for the purpose of transacting any or all lawful business.

Article IV - Capital Stock

This Corporation is authorized to issue 100 shares of ONE DOLLAR (\$1.00) par value stock.

Article V - Preemptive Rights

Every shareholder, upon the sale of any unissued stock of this Corporation for cash, assets or other consideration, shall have the right to purchase his pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

Article VI - Initial Registered Office and Agent

The street address of the initial registered office of this Corporation is 120 Allamanda Dr., Lakeland, FL 33803 and the name of the initial registered agent of this Corporation at that address is Nanci L. Nunnery.

Article VII - Initial Board of Directors

This Corporation shall have one director initially. The number of directors may be either increased or diminished from time to time by the By-Laws but shall never be fewer than one. The names and addresses of the initial directors of this Corporation are:

Nanci L. Nunnery  
2802 E. Albritton Rd.  
Plant City, FL 33566

Article VIII - Incorporator

The name and address of the person signing these Articles is:

Nanci L. Nunnery  
2802 E. Albritton Rd.  
Plant City, FL 33566

Article IX - Indemnification

The Corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

Article X - By-Laws

The power to adopt, alter, or repeal By-Laws shall be vested in the Board of Directors and Shareholders.

EFFECTIVE DATE  
2-10-97

Article XI - 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.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 1st day of February, 1997.

Nanci L. Nunnery  
Nanci L. Nunnery

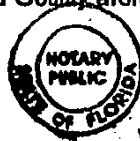
STATE OF FLORIDA

COUNTY OF Polk

)  
SS: 441-18-8591  
)

BEFORE ME, a notary public authorized to take acknowledgments in the State and County set forth above, personally appeared Nanci L. Nunnery, Known to me and known by me to be the per who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the State and County aforesaid this 10 day of Feb, 1997.



HEIDI F. WATKINS  
My Comm Exp. 4/24/98  
Bonded By Service Inc.  
No. CC366997  
☒ Personally Known ☐ Other I.D.

Heidi F. Watkins  
Notary Public, State of Florida

(NOTARY SEAL)

My Commission Expires: 4/24/98

## CERTIFICATE OF DESIGNATION OF

### REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, 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:

ProMed Professional Medical Managers, Inc.  
120 Allamanda Dr.  
Lakeland, FL 33803

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

Nanci L. Nunnery  
120 Allamanda Drive  
Lakeland, Fla. 33803

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.

Nanci L. Nunnery  
Nanci L. Nunnery

02-10-97  
Date

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