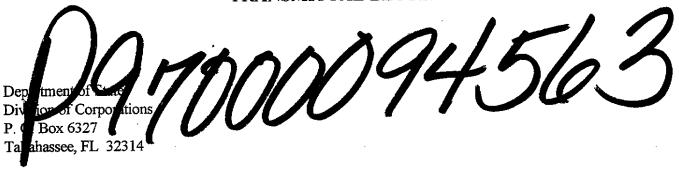
### TRANSMITTAL LETTER



Talahassee, FL 32314			
SUBJECT: PHYSICIAN NETWORK SPECIALISTS, INC. (Proposed corporate name - must include suffix)			
			0002337883- -11/04/970105901 ****131.25 ****131
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 CO	PY REQUIRED
FROM: Scott L. Hores  Name (Printed or typed)  111 2nd Ave NE Suite 1201  Address			
111 2nd Ave JE Suite 1201 Address			
St. Petersburg Fl 33701  State & Zip  Strong Fl 33701  Strong Fl 33701  Strong Fl 33701			
/. C/	813 - 895 - 4600 Daytime T	elephone number	STATE CORIDA
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NOTE: Please provide the original and one copy of the articles.

#### ARTICLES OF INCORPORATION

OF

#### PHYSICIAN NETWORK SPECIALISTS, INC.



The undersigned, acting as Incorporator for the purpose of forming a Corporation under the provisions of the Florida Business Corporation Act, does hereby adopt the following Articles of Incorporation:

# ARTICLE ONE NAME

The name of the corporation is Physician Network Specialists, Inc (hereafter called the "Corporation").

### ARTICLE TWO PRINCIPLE OFFICE

The principal office and mailing address of the Corporation is 111 Second Avenue, N.E., Suite 1201, St. Petersburg, Florida 33701.

# ARTICLE THREE DURATION

The duration of the Corporation is perpetual.

#### ARTICLE FOUR PURPOSE

The Corporation is organized for the purpose of transacting any and all lawful business for which Corporations may be incorporated under the Florida Business Corporation Act.

# ARTICLE FIVE CAPITALIZATION

The aggregate number of shares of all classes of stock which the Corporation is authorized to issue is 10,000 shares of common stock, per value \$1.00 per share.

## ARTICLE SIX REGISTERED OFFICE AND AGENT

The address of the Corporation's initial registered office is 111 Second Avenue, N.E., Suite 1201, St. Petersburg, Florida 33701, and the name of its initial registered agent at such office is Scott L. Hopes.

#### ARTICLE SEVEN DIRECTORS

Section 1. The business of the Corporation shall be managed by a Board of Directors. The number of directors on the Board of Directors shall be set forth in the by-laws of the Corporation, as hereafter adopted and amended by the shareholders of the Corporation.

Section 2. The names and addresses of directors are as follows:

Chairman:

Scott L. Hopes, 111 Second Avenue NE, Suite 1201, St. Petersburg, FL 33701

Treasurer:

Charles P. Godels, 100 Second Avenue S, Suite N102, St. Petersburg, FL 33701

Secretary:

William H. Tushinski, 111 Second Avenue NE, Suite 1201, St. Petersburg, FL 33701

Director:

Brenda S. Kinard, 1201 Fifth Avenue N, Suite 402, St. Petersburg, Florida 33705

# ARTICLE EIGHT INCORPORATOR

The name and address of the incorporator is of the Corporation is: Scott L. Hopes, 111 Second Avenue NE, Suite 1201, St. Petersburg, Florida 33701.

### ARTICLE NINE INDEMNIFICATION

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

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation in the State of Florida, this 3 day of October, 1997.

Scott L. Hopes Incorporator

#### ACCEPTANCE OF REGISTERED AGENT

Having been appointed as the initial registered agent for Physician Network Specialists, Inc., as stated in the foregoing Articles of Incorporation, I hereby accept such appointment as registered agent. I am familiar with and accept the obligations of my position as registered agent of such corporation

Scott L. Hopes Incorporator

Dated: 19/3/97, 1997

### STATE OF FLORIDA COUNTY OF PINELLAS

BEFORE ME, the undersigned authority, personally appeared Scott L. Hopes who is well known to be the person described in and who executed the foregoing Articles of Incorporation as the Incorporator, as he acknowledged to and before me that he executed the same for the uses and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and seal at in the said County and State, this 31st day of October, 1994.

Notary Public, State of Florida

(Notary Seal)

ALICE R GENT My Commission CC43
Expires Feb. 28, 1999

Bonded by HAI 800-422-1555

My commission expires:

February 28, 1999