797000108540

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

| SUBJECT: PROACTIVE PATIENT INFORMATION RESOURCE INCERTIFICATION (Proposed corporate name - must include suffix) EFFECTIVE DATE EFFECTIVE DATE 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 ADDITIONAL CO | \$131.25 Filing Fee, Certified Copy & Certificate | |
| FROM: DAVID (ODER | | | | |
| ADLES FI 34107 City, State & Zip Open To Gave Authorization By Phone To Gave Authorization | | | | |
| _ | (941) 261-3290 Daytime T | elephone number AUTH COS | OMZATION BY A | |

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: PROACTIVE PATIENT INFORMATION RESOURCE, INC.

EFFECTIVE DATE

ARTICLE II PRINCIPAL OFFICE

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

255 13TH_AVE._S_, APT. # 304

NAPLES, FL. 34102

ARTICLE III SHARES

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

100; SUBJECT TO CHANGE IN THE FUTURE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

DAVID COOPER, 255 13TH AVE. S., APT. #304 NAPLES FL 34102

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

DAVID COOPER, 255 13th AVE. S., APT. #304, NAPLES, FL 34102

Signature/Incorporator

 $\frac{2}{\sqrt{13}} = \frac{97}{\sqrt{13}}$

ARTICLE VI

EFFECTIVE DATE

THE EFFECTIVE DATE OF INCORPORATION SHALL BE 01/01/1998.

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

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/Registered Agent

Doto