TRANSMITTAL LETTER

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

Division of Corporations				
P. O. Box 6327 Tallahassee, FL 32314		O		5207 01080005 *****78.75
SUBJECT: Integral	(Proposed corporate	1 Partners name - must include suff	ik) Inc.	_ · .
Enclosed is an original and one(1)	copy of the articles of	incorporation and a ch	neck for :	1
Filing Fee Filing	ng Fee	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL COP	Y REQUIRED	
FROM: Rol	pent ESal Name (Printer	onev)	·	
70	BOY 2027 Addre	SS		
Melk	City, State	3290 <u>2</u> & Zip		e d
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NOTE: Please provide the original and one copy of the articles.

Articles of Incorporation of Integrated Medical Partners, Inc.

The undersigned incorporator, 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 will be Integrated Medical Partners, Inc.

Article II Principle Office

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

519 N. Harbor City Blvd Melbourne, FL 32935

SECRETARY OF STATE VISION OF CORPORATION 98 FEB 20 PM 3: 29

Article III Shares

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares at \$1.00 par value.

Article IV Initial Registered Agent and Street Address

The name and address of the initial registered agent is:

Robert E. Salonen 519 N. Harbor City Blvd. Melbourne, FL 32935

Article V Incorporator

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

Robert E. Salonen 519 N. Harbor City Blvd. Melbourne, FL 32935

Article VI Amendment

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders and approved at a stockholders meeting by a majority of the stock entitled to vote thereon, unless all the directors and all the stockholders sign a written statement manifesting their intention that a certain amendment to these Articles of Incorporation be made.

The undersigned incorporator has executed these Articles of Incorporation this 12th day of February 1998.

Robert E. Salonen

State of Florida

County of Brevard

The foregoing instrument was acknowledged before me this 12th day of February, 1998 by Robert E. Salonen. He is personally known to me and has produced a Florida Drivers License as identification and did (did not) take an oath.

A Donna M Rosse
A My Commission CC6665567
Expires October 6, 2003

My commision expires:

Donna M. Rosse

Notary Public; State of Florida

Certificate of Designation Registered Agent/Registered Office

Pursuant to the provisions of section 607.0501 and 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 Integrated Medical Partners, Inc.
- 2. The name and address of the registered agent and office is:

Robert E. Salonen 519 N. Harbor Blvd. Melbourne, FL 32935

Having been named the 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.

Tobert Calonen
Robert E. Salonen

D-4-3