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98 APR 28 PM 2:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Department of State

Division of Corp				MECHINOOD=1 -	
P. O. Box 6327 Tallahassee, FL					
		FIRST MA (Proposed	NAGEMENT INCorporate name - must include	suffix)	
			į	5000025038 -04/28/9803 *****78,75	
Enclosed is an o	original and on	e(1) copy of the artic	eles of incorporation and a c	check for :	
☐ \$70. Filing F	.00	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
			ADDITIONAL CO	PY REQUIRED	
FR	ROM:	Brian S	F. Webb (Printed or typed)		
		2907 /	Erry Forest Address	Parkway	
Ta Clohasses FC 32308 City, State & Zip					
(850) 668-3380 Daytime Telephone number					

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.

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ARTICLE I	NAME
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The name of the corporation shall be:

PATIENTS FIRST MANACEMENT, INC.

ARTICLE II PRINCIPAL OFFICE

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

3258 N. MONROE ST

TALLA HASSEE, FL 32303

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

BRIAN S. WEBB

2487 ELFINDING LANT

TALLAHASSEE, FL

ARTICLE V INCORPORATOR

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

BRIAN S. WEBB

2487 EZFINWING

TAZLAHASSEE FL 32308

Signature/Incorporator

(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