

Document Number Only

**P48080057440**

C T CORPORATION SYSTEM

660 East Jefferson Street

Requestor's Name

Tallahassee, Florida 32301

Address

(850) 222-1092

City

State

Zip

Phone

**CORPORATION(S) NAME**

300002573723--7

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\*\*\*\*\*70.00 \*\*\*\*\*70.00

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 JUN 26 PM 21:27

*National Medical Services IV, Inc*

☒ Profit-~~For~~.

☐ NonProfit

☐ Limited Liability Company

☐ Foreign

☐ Limited Partnership

☐ Reinstatement

☐ Limited Liability Partnership

☐ Certified Copy

☐ Call When Ready

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JUN 26 1998

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Thanks, Melanie

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DIVISION OF CORPORATION

## 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:

NATIONAL MEDICAL SERVICES IV, INC.

### ARTICLE II PRINCIPAL OFFICE

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

3820 State Street, Santa Barbara, CA 93105

### ARTICLE III SHARES

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

1,000 shares of Common Stock with a Par Value of \$1.00.

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

C T CORPORATION SYSTEM  
1200 South Pine Island Road  
Plantation, Florida 33324

### ARTICLE V INCORPORATOR

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

D.F. Hickey                      818 W. 7th St., 2nd Fl., L.A., CA 90017

  
Signature/Incorporator

D.F. Hickey

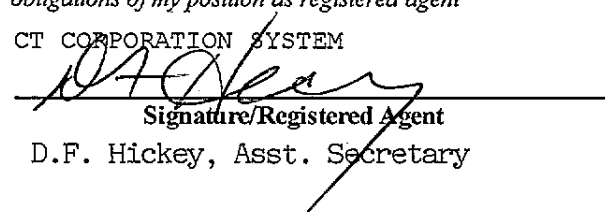
June 25, 1998

Date

(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*

CT CORPORATION SYSTEM

  
Signature/Registered Agent

D.F. Hickey, Asst. Secretary

6/25/98

Date

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