

P98000065483

TRANSMITTAL LETTER

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

800002586408--5
-07/13/98--01034--005
*****78.75 *****78.75

SUBJECT: VisionMed Florida Inc.
(Proposed corporate name - must include suffix)

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 COPY REQUIRED

FROM: Karen Levy
Name (Printed or typed)

6701 Democracy Blvd.; Suite 200
Address

Bethesda, MD 20817
City, State & Zip

301-571-2020 x227
Daytime Telephone number

FILED
98 JUL 24 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

July 15, 1998

KAREN LEVY
6701 DEMOCRACY BLVD.
SUITE 200
BETHESDA, MD 20817

SUBJECT: VISIONMED FLORIDA INC.
Ref. Number: W98000016017

We have received your document for VISIONMED FLORIDA INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

ON ARTICLE IV THE NAME AND TITLE OF THE PERSON SIGNING THE DOCUMENT MUST BE NOTED BENEATH OR OPPOSITE THE SIGNATURE.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6067.

Neysa Culligan
Document Specialist

Letter Number: 798A00037574

ARTICLES OF INCORPORATION

FILED

98 JUL 24 AM 9:33

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

VisionMed Florida Inc.

ARTICLE II PRINCIPAL OFFICE

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

c/o Partner Provider Health Inc., Commerce Place, 350 Main Street,
Suite 14, Malden, MA 02148

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

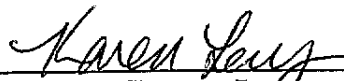
The name and Florida street address of the initial registered agent are:

CT Corporation System
1200 S. Pine Island Road
Plantation, FL 33324

ARTICLE V INCORPORATOR

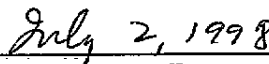
The name and address of the incorporator to these Articles of Incorporation are:

Karen Levy, Esq.
6701 Democracy Boulevard, Suite 200
Bethesda, MD 20817



Signature/Incorporator

Karen Levy, Esq.
Incorporator



Date

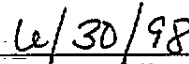
(An additional article must be added if an effective date is requested.)

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



Signature/Registered Agent

AD Hamilton
Special Assistant Secretary



Date