

TRANSMITTAL LETTER

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

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-01/22/99--01013--003
*****78.75 *****78.75

SUBJECT: Physician's Managed Services, 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: Latricia L. Johns
Name (Printed or typed)

4719 Bullock Court

Address

Tampa, Florida 33624

City, State & Zip

813/962-2899

Daytime Telephone number

99 JAN 22 AM 8:22
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DMC
1-27-99

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

FILED

99 JAN 22 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Physician's Managed Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

4719 Bullock Court
Tampa, Florida 33624

ARTICLE III SHARES

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

1000 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Latricia L. Johns
4719 Bullock Court
Tampa, Florida 33624

ARTICLE V INCORPORATOR

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

Latricia L. Johns
4719 Bullock Court
Tampa, Florida 33624

Latricia Johns
Signature/Incorporator

01/19/99
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

Latricia Johns
Signature/Registered Agent

01/19/99
Date