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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

2007 AUG 21 PM 12:12

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

PROFESSIONAL SERVICE CORPORATION

ARTICLES OF INCORPORATION

The undersigned acting as incorporator(s) of a professional service corporation under Chapters 7-5.1 and 7-1.2 of the General Laws of Rhode Island, 1956, as amended, adopt(s) the following Articles of Incorporation for such corporation:

1. The name of the corporation is Marco P Dirks M.D. P.C.

(This is a close corporation pursuant to § 7-1.2-1701 of the General Laws, 1956, as amended.) (Strike if inapplicable.)

2. The profession to be practiced through the professional service corporation is medicine

3. The total number of shares which the corporation has authority to issue is:

(a) If only one class: Total number of shares 1,000

or

(b) If more than one class: Total number of shares of each class

A statement of all or any of the designations and the powers, preferences, and rights, including voting rights, and the qualifications, limitations, or restrictions of them, which are permitted by the provisions of Chapter 7-1.2 of the General Laws, 1956, as amended, in respect of any class or classes of shares of the corporation and the fixing of which by the articles of association is desired, and an express grant of the authority as it may then be desired to grant to the board of directors to fix by vote or votes any of them that may be desired but which is not fixed by the articles:

4. The address of the initial registered office of the corporation is One Citizens Plaza, 8th Floor,

(Street Address, not P.O. Box)

Providence

(City/Town)

, RI

02903-1345

(Zip Code)

and the name of its initial registered agent

at such address is Patricia K. Rocha, Attorney

(Name of Agent)

5. The corporation shall have perpetual existence until dissolved or terminated in accordance with Chapter 7-1.2.

6. Unless otherwise stated all authorized shares are deemed to have a nominal or par value of \$0.01 per share.

FILED

AUG 21 2007

By [Signature] 12/12
34671





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**CERTIFICATE OF INSURANCE**

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. amend, extend or alter the coverage afforded by the policy listed below.

*Original is being sent to secretary of state copy of same*

Certificate Holder		Name and Address of Insured	
Rhode Island Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904		Marco P Dirks, M.D., P.C. 55 Linden Road Barrington, Rhode Island 02806	
Current Medical Specialty		The above Insured is:	
Orthopedics		<input checked="" type="checkbox"/> Named Insured <input type="checkbox"/> Locum Tenens <input type="checkbox"/> Additional Insured	
Policy Number	Insured's Effective Date	Insured's Expiration Date	Insured's Retroactive Date
609386	01/01/07	01/01/08	09/01/07
Coverage and Limits of Liability and Reimbursement Provided			
<input type="checkbox"/> Shared Limits of Liability and Reimbursement <input checked="" type="checkbox"/> Separate Limits of Liability and Reimbursement			
<input checked="" type="checkbox"/> <b>COVERAGE A:</b> Professional Liability Insurance – Claims Made <input checked="" type="checkbox"/> <b>COVERAGE B:</b> Limited Professional Office Premises Liability Insurance – Claims Made If both Coverage A and Coverage B are checked, they share in the Limits of Liability specified below.			
<b>LIMITS OF LIABILITY:</b>		<b>DEDUCTIBLE:</b>	
\$1,000,000	Each Claim	\$ NIL	Each Claim
\$3,000,000	Aggregate Limit per Policy Period	\$ NIL	Aggregate per Policy Period
<input checked="" type="checkbox"/> <b>COVERAGE C:</b> Physicians Administrative Defense Reimbursement Coverage – Claims Made \$30,000 Each Administrative Proceeding or Employment-Related Civil Action \$30,000 Aggregate Limit per Policy Period			
This is certify that the policy of insurance listed above has been issued to the insured named above for the period indicated subject to payment of all billed premiums by the due date specified and all terms, conditions, and exclusions of the policy. It is the responsibility of the insured to inform recipients of Certificates of Insurance of any changes in coverage, declination of insurance, or cancellation before the expiration date. Failure by the insured to provide such notice shall impose no obligation or liability of any kind upon NORCAL, its agents, or representatives.			
By: NORCAL Mutual Insurance Company		Issue Date: 08/21/07	
 James Sunseri President		 David R. Holley, M.D. Secretary	
10/1/2005			



# State of Rhode Island and Providence Plantations

**A. Ralph Mollis**

*Secretary of State*

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly  
executed in accordance with the provisions of Title 7 of the General Laws  
of Rhode Island, as amended, has been filed in this office on this day:

A handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

*Secretary of State*

