

Filing and License Fee: \$230.00 minimum

ID Number: _____



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

RECEIVED
OFFICE OF THE SECRETARY OF STATE
CORPORATIONS DIV
2009 MAY 11 PM 3:16

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 FARID IRSHAD MD, PC.

(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 PHYSICIAN

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

(a) If only one class: Total number of shares 10,000

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 12 ALDINE STREET

(Street Address, not P.O. Box)

PROVIDENCE

(City/Town)

, RI 02909

(Zip Code)

and the name of its initial registered agent

at such address is FARID A IRSHAD

(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

MAY 11 2009

By [Signature] 89119

7. Additional provisions, if any, not inconsistent with Chapter 7-1.2 which the incorporators elect to have set forth in these Articles of Incorporation:

Any stockholder, including the heirs, assigns, executors or administrators of the stockholder;

desiring to sell or transfer such stock owned by him/her or them, shall first offer it to the

corporation through the board of directors. The price shall be set by the market value through

two independent arbitrators, if the corporation does not exercise their right to purchase, then

the seller shall post the stocks to an outside third party approved by the board.

8. The name and address of each incorporator is:

Name

Address

FARID A IRSHAD

12 ALDINE STREET, PROVIDENCE RI 02909

9. These Articles of Incorporation shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing _____

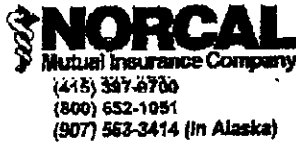
Date:

May 9th 2009

Under penalty of perjury, I/we declare and affirm that I/we have examined these Articles of Incorporation, including any accompanying attachments, and that all statements contained herein are true and correct.

Farid Irshad

Signature of each Incorporator



CERTIFICATE OF INSURANCE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

Certificate Holder Hao Y Huang MD 333 Budlong Road Cranston, RI 02920		Name and Address of Insured Farid A Irshad PA 333 Budlong Road Cranston, RI 02920													
Current Medical Specialty: Physician Assistant		The above Insured is: <input type="checkbox"/> Named Insured <input checked="" type="checkbox"/> Insured <input type="checkbox"/> Locum Tenens													
Policy Number 606454	Insured's Effective Date Jan 01, 2009	Insured's Expiration Date Jan 01, 2010	Insured's Retroactive Date May 10, 2007												
Coverage and Limits of Liability and Reimbursement Provided <input checked="" type="checkbox"/> Shared Limits of Liability and Reimbursement <input type="checkbox"/> Separate Limits of Liability and Reimbursement															
<input checked="" type="checkbox"/> COVERAGE A: Professional Liability Insurance - Claims Made <input checked="" type="checkbox"/> COVERAGE 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. <table border="0"> <tr> <td colspan="2">LIMITS OF LIABILITY:</td> <td colspan="2">DEDUCTIBLE:</td> </tr> <tr> <td>\$1,000,000.00</td> <td>Each Claim</td> <td>n/a</td> <td>Each Claim</td> </tr> <tr> <td>\$3,000,000.00</td> <td>Aggregate Limit per Policy Period</td> <td>n/a</td> <td>Aggregate per Policy Period</td> </tr> </table>				LIMITS OF LIABILITY:		DEDUCTIBLE:		\$1,000,000.00	Each Claim	n/a	Each Claim	\$3,000,000.00	Aggregate Limit per Policy Period	n/a	Aggregate per Policy Period
LIMITS OF LIABILITY:		DEDUCTIBLE:													
\$1,000,000.00	Each Claim	n/a	Each Claim												
\$3,000,000.00	Aggregate Limit per Policy Period	n/a	Aggregate per Policy Period												
<input checked="" type="checkbox"/> COVERAGE C: Physicians Administrative Defense Reimbursement Coverage - Claims Made <table border="0"> <tr> <td>\$30,000.00</td> <td>Each Administrative Proceeding or Employment-Related Civil Action</td> </tr> <tr> <td>\$30,000.00</td> <td>Aggregate Limit per Policy Period</td> </tr> </table>				\$30,000.00	Each Administrative Proceeding or Employment-Related Civil Action	\$30,000.00	Aggregate Limit per Policy Period								
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This is to 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, declaration 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: Jan 05, 2009													
 James Sumari President		 David R. Holley, M.D. Secretary													



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. RALPH MOLLIS

Secretary of State

