Filing and License Fee: $230.00 minimum

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Division of Business Services
148 W. River Street
Providence, Rhode Island 02904-2615

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 **Stephanie Potts, P.A. Inc.**
(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 Assistant**

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 with a par value of $1.00 per share**

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:

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SECRETARY OF STATE
CORPORATIONS DIV

4. The address of the initial registered office of the corporation is:

469 Centerville Road, Suite 203
(Street Address, **not** P.O. Box)

Warwick (City/Town), RI **02886** (Zip Code) and the name of its initial registered agent at such address is **John A. Parmelee, CPA**
(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.
Par value shall be $1.00 per share.

Form No. 112
Revised: 12/05

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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:

See Addendum A attached hereto and made a part hereof.

8. The name and address of each incorporator is:

Name	*Address*
Stephanie Potts	**6 Fairway Drive, Hope Valley, RI 02832**

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 **upon filing.**

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.

Date: 10/31/11

Signature of each Incorporator

Addendum A

Article 7:

Provisions for the regulation of the internal affairs of the Corporation:

A) The Corporation elects to have preemptive rights as set forth in §7-1.2-613 of the General Laws, as amended.

B) In the event that any stockholder, or the representative heirs, administrators, executors, successors or assigns of any stockholder or any person or persons to whom title of any stockholder in stock of this Corporation may devolve or pass by assignment for the benefit of creditors, appointment of a receiver, filing of a petition in bankruptcy, or by operation of law or otherwise, shall desire to sell the whole or any portion of his stock in this Corporation, he shall, before offering the same to any person, give notice in writing to the Corporation of his desire to sell the same to the Corporation at the lowest price at which he is willing to sell said stock. If, within twenty (20) days after the receipt of any such notice, the Board of Directors shall elect to purchase the shares so offered, the Secretary or Treasurer or some other officer designated by the Board of Directors shall forthwith and within said twenty (20) days deliver in person to such stockholder or mail by registered mail, postage prepaid, addressed to him at his usual post office address as stated on the books of the Corporation, the election by the Corporation to purchase said stock. Such notice shall state that such stockholder may receive the purchase price for such stock at the office of the corporation upon transfer to the Corporation of the shares sold. If such notice of election to purchase shall not be given within the twenty (20) days set forth above, the stockholder shall be at liberty to sell his stock to any other party provided that such sale is made within fifteen (15) days after the expiration of said twenty (20) days and at a price not less than the price at which it was offered to the Corporation.

C) All other provisions for the regulation of the internal affairs of the corporations hall be contained in the Corporation's by-laws.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/28/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
The Westwood Group
1250 Linda Street
Rocky River, OH 44116

CONTACT NAME: Jenny Suplita
PHONE (A/C, No, Ext): (216) 502-4962 FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: ProAssurance Specialty Insurance Company	10179
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
National Emergency Services, Inc.
NES Holdings, Inc.
Affiliates & Subsidiary Companies
6477 College Park Square #316
Virginia Beach VA 23464

COVERAGES **CERTIFICATE NUMBER:** 10519500 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE $
	☐ COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) $
	☐ CLAIMS-MADE ☐ OCCUR						MED EXP (Any one person) $
							PERSONAL & ADV INJURY $
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE $
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG $
							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) $
	☐ ANY AUTO						BODILY INJURY (Per person) $
	☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident) $
	☐ HIRED AUTOS ☐ NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) $
							$
							$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE $
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE $
	☐ DED ☐ RETENTION $						$
							$
							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						WC STATU-TORY LIMITS ☐ OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH)	N/A					E.L. EACH ACCIDENT $
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE $
							E.L. DISEASE - POLICY LIMIT $
A	Medical Professional Liability			CP2813	7/1/2011	7/1/2012	$1,000,000 per Loss Event** $3,000,000 Aggregate** ** Indmenity plus Expense

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Covered PA: Stephanie Potts Retro Date: 08/26/08 while under contract or employment of the named insured.
During the policy period, we will pay those sums that an insured becomes fully and finally legally obligated to pay as damages and defense costs because of injury arising from a medical incident to which this insurance applies. The corporation, physicians, and ancillary personnel share in the per loss event limit of liability shown above.

CERTIFICATE HOLDER

Roger Williams Medical Center
825 Chalkstone Avenue
Providence RI 02908

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Michael Richards

State of Rhode Island and Providence Plantations
Department of Health
Web Site: www.HEALTH.ri.gov
Safe and Healthy Lives in Safe and Healthy Communities

STEPHANIE E POTTS

Physician Assistant

and Controlled Substance Registration

PA00198 expires 06/30/2013

Rhode Island Department of Health
3 Capitol Hill
Providence, RI 02908

Disclaimer: The only official verification of license status provided for health professionals licensed by the Department of Health is the information provided by the Department's license verification site at: https://healthri.mylicense.com/Verification

REPORT ANY CHANGE OF ADDRESS OR LOSS OF CARD
IMMEDIATELY TO YOUR PROFESSIONAL LICENSING BOARD

Signature of Licensee (use ballpoint pen)

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:

November 08, 2011 2:36 PM

A. RALPH MOLLIS

Secretary of State

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