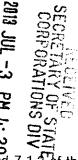
Filing and License Fee: \$230.00 minimum



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 Maxim Medical Partners, 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

(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:

<u>or</u>

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

2181 A Post Road		
	(Street Address, not P.O. Box)	
Warwick	RI 02886	_ and the name of its initial registered agent at
(City/Town)	(Zip Code)	_ and the name of its initial registered agent at
such address is Mark A. Charleson, Esq.		
	(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 a strenged to have a nominal or par value of \$0.01 per share.

JUL	0 3 2013
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Form No. 112 Revised: 12/05

these Anticles of Incorporation.	
 The name and address of each incorporator i <u>Name</u> David G. Kerzer, D.O. 	s: <u>Address</u> 1500 Pontiac Avenue, Cranston, RI 02920
	ive upon filing unless a specified date is provided which shall be no later
Date:419_, 2013	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.

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:

Signature of each Incorporator

ACORD [®] CERTIFI	CATE OF LI	ABILITY I	NSUR	ANCE	DATE (MM/DD/1999) 6/14/2013							
THIS CERTIFICATE IS ISSUED AS A MATTE					The second s							
CERTIFICATE DOES NOT AFFIRMATIVELY	OR NEGATIVELY AMENI	D, EXTEND OR AL	ter the CC	VERAGE AFFORDED	BY THE POLICIES							
BELOW. THIS CERTIFICATE OF INSURAN REPRESENTATIVE OR PRODUCER, AND THE		UIE A GUNIAGI	DEIWEEN	THE ISSUING INSURE	R(S), AUTHURIZED							
IMPORTANT: If the certificate holder is an A	DDITIONAL INSURED, IN	e policy(les) must t	e endarsed.	If SUBROGATION IS	WAIVED, subject to							
the terms and conditions of the policy, certain certificate holder in fleu of such endorsement	n policies may require an (s).	endorsement. A sli	alement on th	nie certificate does not	confer rights to the							
PRODUCER	1.6	CONTACT L1	sa A.	O'Neill	······							
RIMS Insurance Brokerage Corporation 235 Promenade Street, Ste. 500 Providence, RI 02908		PHONE ADD 330 10CO FAX										
							INSURED		INSURER B :			
							Maxim Medical Partners, PC 1500 Pontiac Avenue		INSURER C :			
INSURER D ;												
Cranston, Rhode Island	1 02920	INSURER E :		···-···								
COVERAGES CERTIFICA	TE NUMBER:			REVISION NUMBER:								
THIS IS TO CERTIFY THAT THE FOLICIES OF INS INDICATED. NOTWITHSTANDING ANY REQUIREM												
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Providence, RI 02904		AUTHORIZED REPRESE	NTATOE									
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ACORD 25 (2010/05)	CORD name and logo a			ORD CORPORATION:	All rights reserved							
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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. ' apr loceio

A. RALPH MOLLIS Secretary of State

