

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

2014 JUL - 7 PM 12:30
OFFICE OF THE SECRETARY OF STATE
DIVISION OF BUSINESS SERVICES

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 Landmark Physician Associates, 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 the practice of medicine.

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:

222 Jefferson Boulevard

(Street Address, not P.O. Box)

Warwick

(City/Town)

, RI 02888

(Zip Code)

and the name of its initial registered agent at

such address is National Corporate Research, LTD

(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

JUL 10 2014

BY

CH 228268

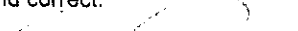
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[illegible]

<u>Name</u>	<u>Address</u>
Christopher Doan	3300 E. Guasti Road, 3rd Floor, Ontario, CA 91761

Date: July 3, 2014

herein are true and correct.



Signature of each Incorporator

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

7/9/2014

DESERT VALLEY INSURANCE, LTD.
P. O. BOX 69GT
GRAND CAYMAN
CAYMAN ISLANDS
PHONE (345)945-2888 FAX (345)949-0002

THIS CERTIFICATE IS ISSUED AS A WRITTEN 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 POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY A **DESERT VALLEY INSURANCE, LTD.**

INSURED
Landmark Physician Associates, P.C.
115 Cass Avenue
Woonsocket, RI 02895

COMPANY B

COMPANY C

COMPANY D

COVERAGES

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.

CO TO	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY Commercial General Liability ☐ CLAIMS MADE ☒ OCCURRENCE	313/RIMGPLGL/2014-15	07/01/2014	01/01/2015	GENERAL AGGREGATE \$3,000,000 EACH OCCURRENCE \$1,000,000
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per Person) \$ BODILY INJURY (Per Accident) \$ PROPERTY DAMAGE \$
	EXCESS LIABILITY ☐ UMBRELLA FORM ☐ OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR, PARTNERS, EXECUTIVE OFFICERS ARE INCL ☐ EXCL ☐				WC STATUTORY LIMITS EL EACH ACCIDENT \$ EL DISEASE - POLICY LIMIT \$ EL DISEASE - EA EMPLOYEE \$
A	MEDICAL PROFESSIONAL LIABILITY Medical Professional Liability CLAIMS MADE COVER	313/RIMGPLGL/2014-15	07/01/2014	01/01/2015	GENERAL AGGREGATE \$3,000,000 PER OCCURRENCE \$1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Medical Professional Liability and General Liability coverage is provided under this policy to Landmark Physician Associates, P.C. No separate limit of liability applies to this entity. This insured shares limits of liability with the first named insured and all other insureds under the policy.

CERTIFICATE HOLDER

EVIDENCE OF INSURANCE

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, EXCEPT 10 DAYS NOTICE FOR NON-PAYMENT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Aon Insurance Managers (Cayman) Ltd.
as Insurance company manager and/or
authorised representative



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

