



State of Rhode Island and Providence Plantations
 Department of State - Business Services Division

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2019 AUG 21 PM 12:08

Article of Incorporation
 Professional Service Corporation

→ Filing Fee: \$230.00 minimum

The undersigned acting as incorporator(s) of a professional service corporation under RIGL 7-5.1 and 7-1.2, adopt(s) the following Articles of Incorporation for such corporation:

1. The name of the corporation is:
Landmark Medical of Rhode Island, PC

Is this a close corporation pursuant to RIGL 7-1.2-1701 of the General Laws, 1956, as amended? Yes No

2. The profession to be practiced through the professional service corporation is:
 physician medical services

3. The total number of shares which the corporation has the authority to issue is:
 (Unless otherwise stated, all authorized shares are deemed to have a nominal or par value of \$0.01 per share.)

Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share
100	Common	\$1.00

If you desire, you may include a statement of all or any of the designations and the power, preferences, and rights, including voting rights, and the qualifications, limitations, or restrictions of them which are permitted by the provisions of RIGL 7-1.2. State any provisions here (optional): Check the box to indicate an attachment

4. The name and address of the initial registered agent/office in Rhode Island is:

Agent Name **Corporation Service Company**

Street Address (NOT a P.O. Box) **222 Jefferson Boulevard, Suite 200**

City/Town Warwick	State RHODE ISLAND	Zip Code 02888
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5. The corporation shall have perpetual existence until dissolved or terminated in accordance with RIGL 7-1.2.

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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 BY *[Signature]* M3NNZ
 12:08

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

Check the box to indicate an attachment

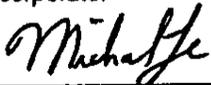
7. The name and address of each incorporator is:

Name Michael Le, MD	Address 7755 Center Ave, Suite 630	
City/Town Huntington Beach	State CA	Zip Code 92647
Name	Address	
City/Town	State	Zip Code
Name	Address	
City/Town	State	Zip Code

8. Date when these Articles of Incorporation will be effective: CHECK ONE BOX ONLY

- Date received (Upon filing)
 Later effective date (Date must be no more than 90 days from the date of 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.

Signature of Incorporator  SIGN DOCUMENT HERE	Date 8/19/2019
Signature of Incorporator SIGN DOCUMENT HERE	Date
Signature of Incorporator SIGN DOCUMENT HERE	Date

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
AUGUST 19, 2019

PRODUCER HUB International Insurance Services Inc. 6701 Center Drive West, Suite 1500 Los Angeles, CA 90045 Phone (310) 568-5900 / Fax (866) 248-6053 CA DOI Lic. # 0757776	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 POLICIES BELOW.
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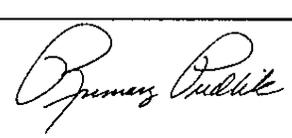
INSURED LANDMARK MEDICAL OF RHODE ISLAND, PC 7755 CENTER AVE., SUITE 630 HUNTINGTON BEACH, CA 92647	<table border="1"> <tr> <td style="width: 70%;">INSURERS AFFORDING COVERAGE</td> <td style="width: 15%;">NAIC# / AM Best #</td> <td style="width: 15%;">AM Best Rating</td> </tr> <tr> <td>INSURER A: COLUMBIA CASUALTY CO.</td> <td>31127</td> <td>A10</td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC# / AM Best #	AM Best Rating	INSURER A: COLUMBIA CASUALTY CO.	31127	A10	INSURER B:			INSURER C:			INSURER D:		
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INSURER B:																
INSURER C:																
INSURER D:																

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE	\$
					GENERAL AGGREGATE	\$
					MED EXP (Any one person)	\$
					PERSONAL & ADV INJURY	\$
					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
					PRODUCTS- COMP/OP AGG	\$
A	MEDICAL PROFESSIONAL LIABILITY <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS MADE POLICY RETROACTIVE DATE: 08/20/2014	HMA4032193230	10/20/2018	10/20/2019	EACH CLAIM AGGREGATE	\$1,000,000 \$3,000,000
	1 ST EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				EACH CLAIM AGGREGATE	\$ \$
	2 ND EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				EACH CLAIM AGGREGATE	\$ \$
						\$

DESCRIPTION OF OPERATIONS / LOCATIONS / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

COVERED ENTITY: Landmark Medical of Rhode Island, PC
Retroactive Date: 8/1/2019

Evidence of Medical Professional Liability Insurance for Landmark Medical of Rhode Island, PC.

CERTIFICATE HOLDER <p align="center">FOR INFORMATION ONLY.</p>	CANCELLATION *10 DAYS FOR CANCELLATION FOR NON-PAYMENT OF PREMIUM 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  Rosemary Pudlik
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 CORPORATIONS DIV



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, 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:

August 21, 2019 12:08 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

