STATE OF ALABAMA

DOMESTIC BUSINESS CORPORATION CERTIFICATE OF FORMATION

PURPOSE: In order to form a Business Corporation (formerly known as For-Profit Corporation) under Section 10A-1-3.05 and 10A-2-2.02 of the <u>Code of Alabama 1975</u> this Certificate Of Formation and the appropriate filing fees must be filed with the Office of the Judge of Probate in the county where the corporation's initial registered office is located. The information required in this form is required by Title 10A.

INSTRUCTIONS: Submit one (1) signed original and two (2) copies of this completed form and the appropriate filing fees to the Office of the Judge of Probate in the county where the

20161208000448610 1/4 \$159.00 Shelby Cnty Judge of Probate: AL 12/08/2016 12:38 19 PM FILED/CERT

(For County Probate Office Use Only)

corporation's registered office is/will be located. Contact the Judge of Probate's Office to determine the county filing fees. Make a separate check or money order payable to the Secretary of State for the state filing fee of \$100.00 and the Judge of Probate's Office will transmit the fee along with a certified copy of the Certificate to the Office of the Secretary of State within 10 days after the Certificate is issued. Once the Secretary of State's Office has indexed the filing the information will appear at www.sos.alabama.gov under the Government Records tab and the Business Entity Records link – you may search by entity name. Your notification of filing was provided by the Probate Judge's Office via a stamped copy and the Secretary of State's Office does not send out a copy. You may pay the Secretary of State fees by credit card if the county you are filing in will accept that method of payment (see attached). Your corporation will not be indexed if the credit card does not authorize and will be removed from the index if the check is dishonored.

This form must be typed or laser printed.

1.	The name of the corporation (must contain the word "corporation" or "incorporated," or the abbreviation of	
	one of those words, and comply with Code of Alabama Title 10A-1-5.04):	

Diversified Physician Services, Inc.

2. A copy of the Name Reservation certificate from the Office of the Secretary of State must be attached.

(For SOS Office Use Only)

This form was prepared by: (type name and full address)

Kevin C. Hayes 217 Salisbury Circle Birmingham, AL 35242

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DB Corp Cert of Formation - 6/2016

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DOMESTIC BUSINESS CORPORATION CERTIFICATE OF FORMATION

	201612 0 800 0 448610	
3.	Street (No PO Boxes) address of principal office of the corporation: Shelby Cnty Judge of Probate: AL 12/08/2016 12:38-19 PM FILED/CERT —	
	217 Salisbury Circle, Birmingham, AL 35242	
	Mailing address of principal office (if different from street address):	
4.	The name of the Registered Agent: Kevin C. Hayes	
	Street (No PO Boxes) address of Registered Agent:	
	217 Salisbury Circle, Birmingham, AL 35242	
	Mailing address of Registered Agent (if different from street address):	
5.	Purpose for which corporation is formed: Medical services	
	purpose includes the transaction of any lawful business for which corporations may be incorporated in Alabama under Title 10A, Chapter 2 of the Code of Alabama.	
6.	Number of Shares the corporation is authorized to issue: 1000 Par Value \$1.00 (Par value is optional information and does not have to be completed.)	
7.	Period of duration shall be perpetual unless stated otherwise by an attached exhibit.	
8.	The name(s) of the Incorporator(s): Kevin C. Hayes	
	Street (No PO Boxes) address of Incorporator(s): 217 Salisbury Circle, Birmingham, AL 35242	
	Mailing address of Incorporator(s) – (if	
	different from street address): Attach a listing if more Incorporators need to be added.	
9.	Director's Name: Kevin C. Hayes	
	Street (No PO Boxes) address of Director: 217 Salisbury Circle, Birmingham, AL 35242	
	Mailing address of Director(s) - (if different	
	from street address):	
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DOMESTIC BUSINESS CORPORATION CERTIFICATE OF FORMATION

Director's Name:	Shelby Chty Judge of Probate, AL 12/08/2016 12:38:19 PM FILED/CERT
Street (No PO Boxes) address of Direct	tor:
	Mailing address of Director(s) - (if different
from street address):	
Director's Name:	
Street (No PO Boxes) address of Direct	tor:
	Mailing address of Director(s) - (if different
from street address):	
Attach listing if more Directors need	to be added.
any failure to take any action, as a director to which he or she is not	ration or its shareholders for money damages for any action taken, or ctor, except liability for (A) the amount of financial benefit received entitled; (B) an intentional infliction of harm on the corporation or tion 10A-2-8.33; (D) an intentional violation of criminal law; or (E) y to the corporation or its shareholders.
Attached are any other provisions the governance, business, or affairs of the	hat are not inconsistent with law relating to organization, ownership, ne corporation.
11 /16 / 2016 Date (MM/DD/YYYY)	Signature as required by 10A-2-120 Kevin C. Hayes Typed Name of Above Signature
	Incorporator Typed Title/Capacity to Sign under 10A-2-1.20

John H. Merrill Secretary of State



12/08/2016 12 38 19 PM FILED/CERT

P.O. Box 5616 Montgomery, AL 36103-5616

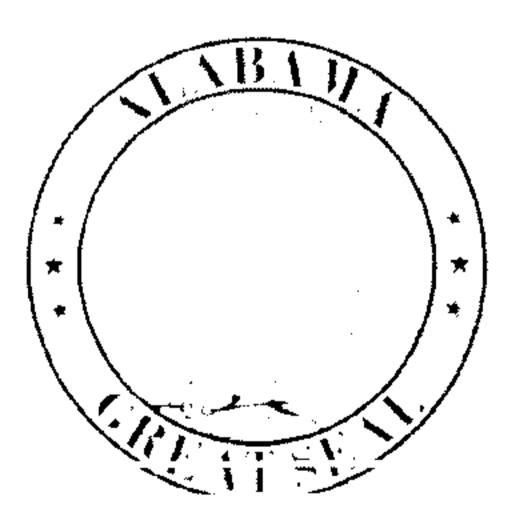
STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

pursuant to the provisions of Title 10A, Chapter 1, Article 5, Code of Alabama 1975, and upon an examination of the entity records on file in this office, the following entity name is reserved as available:

DIVERSIFIED PHYSICIAN SERVICES, INC

This name reservation is for the exclusive use of KEVIN HAYES, 217 SALISBURY CIRCLE, BIRMINGHAM, AL 35242 for a period of one year beginning November 07, 2016 and expiring November 07, 2017



RES740300

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

November 07, 2016

Date

X W. Memill

John H. Merrill

Secretary of State