



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/03/2010	201033700062	DOMESTIC ARTICLES/PROFESSIONAL (ARP)	125.00	100.00		.00	.00

**Receipt**

This is not a bill. Please do not remit payment.

JOSEPH D BOWER, ESQ  
503 N MAIN ST, STE 221  
PUEBLO, CO 81003

# STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1980287

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**CARDIOLOGY NOW 3, PC**

and, that said business records show the filing and recording of:

Document(s)

**DOMESTIC ARTICLES/PROFESSIONAL**

Document No(s):

**201033700062**



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of  
the Secretary of State at Columbus,  
Ohio this 1st day of December,  
A.D. 2010.

Ohio Secretary of State



Prescribed by:

Ohio Secretary of State  
Central Ohio: (614) 466-3910  
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us  
e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)

Mail Form to one of the Following:

Yes PO Box 1390  
Columbus, OH 43216  
\*\*\* Requires an additional fee of \$100 \*\*\*

No PO Box 670  
Columbus, OH 43216

### INITIAL ARTICLES OF INCORPORATION

(For Domestic Profit or Nonprofit)

Filing Fee \$125.00

2010 DEC -1 PM 1:00

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

**(CHECK ONLY ONE (1) BOX)**

(1) <input type="checkbox"/> Articles of Incorporation Profit (113-ARF) ORC 1701	(2) <input type="checkbox"/> Articles of Incorporation Nonprofit (114-ARN) ORC 1702	(3) <input checked="" type="checkbox"/> Articles of Incorporation Professional (170-ARP) Profession <u>Medical</u> ORC 1785
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**Complete the general information in this section for the box checked above.**

FIRST: Name of Corporation Cardiology Now 3, PC

SECOND: Location Columbus Franklin  
(City) (County)

Effective Date (Optional) \_\_\_\_\_ Date specified can be no more than 90 days after date of filing. If a date is specified, the date must be a date on or after the date of filing.  
(mm/dd/yyyy)

Check here if additional provisions are attached

**Complete the information in this section if box (2) or (3) is checked. Completing this section is optional if box (1) is checked.**

THIRD: Purpose for which corporation is formed

The corporation is formed for the purpose of allowing licensed individuals to practice medicine through a corporate entity as provided for in the Ohio Revised Code.

**Complete the information in this section if box (1) or (3) is checked.**

FOURTH: The number of shares which the corporation is authorized to have outstanding (Please state if shares are common or preferred and their par value if any) 1,000 common no par  
(No. of Shares) (Type) (Par Value)

(Refer to instructions if needed)

Completing the information in this section is optional

FIFTH: The following are the names and addresses of the individuals who are to serve as initial Directors.

James A. Sbarbaro, M.D.

(Name)

20 Nona Brooks

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Pueblo

(City)

Colorado

(State)

81005

(Zip Code)

(Name)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

(State)

(Zip Code)

(Name)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

(State)

(Zip Code)

REQUIRED

Must be authenticated (signed) by an authorized representative

(See Instructions)



Authorized Representative

James A. Sbarbaro, M.D.

(print name)

November 30, 2010

Date

Authorized Representative

(print name)

Date

Authorized Representative

(print name)

Date

Complete the information in this section if box (1), (2) or (3) is checked.

### ORIGINAL APPOINTMENT OF STATUTORY AGENT

The undersigned, being at least a majority of the incorporators of **Cardiology Now 3, PC** hereby appoint the following to be statutory agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is

**National Registered Agents, Inc.**

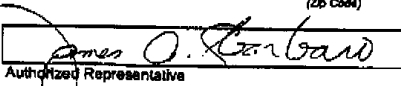
(Name)  
**145 Baker Street**

(Street) NOTE: P.O. Box Addresses are NOT acceptable.

**Marion**, Ohio **43302**

(City) (Zip Code)

Must be authenticated by an authorized representative

  
Authorized Representative

**November 30, 2010**  
Date

Authorized Representative

Date

Authorized Representative

Date

**ACCEPTANCE OF APPOINTMENT  
National Registered Agents, Inc.**

The Undersigned, \_\_\_\_\_, named herein as the

**Cardiology Now 3, PC**

Statutory agent for, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: By: Amy Purdy Amy Purdy, Assistant Secretary  
(Statutory Agent)