



Articles of Incorporation - Business/Professional

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97331

- BUSINESS CORPORATION (Complete Items 1, 2, 3, 4, 5, 6, 9 and:
PROFESSIONAL CORPORATION (Complete all Items. Note: Item

REGISTRY NUMBER: 227973797

FILED: JUN 21, 2024
OREGON SECRETARY OF STATE



227973799-26391615

AJD MD PHYSICIAN SERVICES...

NEWINC

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public re
We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

1. NAME OF CORPORATION: AJD MD Physician Services P.C.

NOTE: For a BUSINESS CORPORATION, the name must contain the word "Corporation", "Company", "Incorporated", or "Limited" or an abbreviation of one of such words.
For a PROFESSIONAL CORPORATION, the name must contain the words "Professional Corporation", or abbreviations thereof, i.e., "P.C.", or Prof. Corp".

2. PRINCIPAL OFFICE: (Must be a physical street address)

480 Scenic Drive

Ashland, OR 97520

3. REGISTERED AGENT: (Individual or entity that will accept legal
service for this business)

Andrew Dorfman

4. REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS:

(Must be an Oregon Street Address, which is identical to registered
agent's office.)

480 Scenic Drive

Ashland, OR 97520

5. ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:

480 Scenic Drive

Ashland, OR 97520

6. NUMBER OF SHARES: (At least one share must be listed.)

1500

7. IF RENDERING A LICENSED PROFESSIONAL SERVICE OR
SERVICES, DESCRIBE THE SERVICE(S) BEING RENDERED:

(PROFESSIONAL CORPORATION ONLY) ORS 58.015(5)(m)

Medicine

8. OPTIONAL PROVISIONS: (Attach a separate sheet if necessary.)

BENEFIT COMPANY: The Corporation is a benefit company
subject to ORS 60.750 - 60.770. (Additional requirements apply)

INDEMNIFICATION: The corporation elects to indemnify its
directors, officers, employees, agents for liability and related
expenses under ORS 58.185 or 60.387 - 60.414.

SEE ATTACHED

9. WHO IS FORMING THIS BUSINESS? (INCORPORATORS)

List names and addresses of each incorporator.

Attach a separate sheet if necessary.

Andrew Dorfman

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LIST INITIAL PRESIDENT AND SECRETARY NAMES AND
ADDRESSES (MAY BE REQUIRED BY YOUR BANK)

10. INITIAL PRESIDENT (Name and Address)

Andrew Dorfman

480 Scenic Drive

Ashland, OR 97520

11. INITIAL SECRETARY (Name and Address)

Andrew Dorfman

480 Scenic Drive

Ashland, OR 97520

12. INDIVIDUAL WITH DIRECT KNOWLEDGE

List the name and address of at least one individual who is a director, or
controlling shareholder of the corporation or an authorized representative with
direct knowledge of the operations and business activities of the corporation.

Andrew Dorfman

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13. EXECUTION/SIGNATURE OF EACH PERSON WHO IS FORMING THIS BUSINESS: (Incorporator)

I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter
or otherwise misrepresent the identity of the person or any officers, directors, employees or agents of the corporation. This filing has been examined
by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and
may be penalized by fines, imprisonment or both.

Signature:

Printed Name:

Title:

Andrew Dorfman

Director

CONTACT NAME: (To resolve questions with this filing) PHONE NUMBER: (Include area code)

Joyce Woods/MyCorporation 877-692-6772

Articles of Incorporation - Business/Professional Corporation (12/18)

FEES

Required Processing Fee \$100

Processing Fees are non-refundable. Please make check payable to "Corporation
Division".

Free copies are available at sos.oregon.gov/business using the Business Name Search
program.