

P0000033/50

TRANSMITTAL LETTER

00 MAR 28 AM 7:58

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

500003187225--7
-03/28/00--01063--003
*****78.75 *****78.75

SUBJECT: Orlando Family Physicians, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate

\$122.50
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: FREDDY ALEQUIN
Name (Printed or typed)

P.O. Box 677642
Address

Orlando FL. 32867-7642
City, State & Zip

407-677-5157
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: ORLANDO FAMILY PHYSICIANS, INC..

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 885 N. Powers Drive, Suite B, Orlando, FL. 32818

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000 Shares of Common Stock, No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent is: Silvia DeJesus 2025 Schoharie Court, Orlando, FL. 32817

ARTICLE V INCORPORATOR

The names and address of the incorporator to this Articles of Incorporation are: Silvia DeJesus D/P/S/T 2025 Schoharie Court, Orlando, FL. 32817

Silvia DeJesus 3-23-00
Signature/Incorporator Date

Signature/Incorporator Date

Signature/Incorporator Date

Signature/Incorporator Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statues relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Silvia DeJesus 3-23-00
Signature/Registered Agent Date

00 MAR 28 AM 7:56