

TRANSMITTAL LETTER

P00000094139

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

FILED  
00 OCT -4 PM 12:25  
SECRETARIAT OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: EmergiCare Clinic, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

800003413728-3  
-10/04/00-01054-008  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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 of Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: Carol Schmitt  
Name (Printed or typed)

1500 SW 83rd Ave  
Address

Okeechobee, FL 34974  
City, State & Zip

863-357-1599  
Daytime Telephone number

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

10-5

2

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

EmergiCare Clinic, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

202 N.E 2nd Street, Suite #1  
Okeechobee, FL 34972

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Walk in Medical Clinic

ARTICLE IV SHARES

The number of shares of stock is:

Two

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

CAROL Schmitt  
202 N.E. 2nd Street, Suite #1  
Okeechobee, FL 34972

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

CAROL Schmitt  
202 N.E 2nd Street, Suite #1  
Okeechobee, FL 34972

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CAROL Schmitt  
202 N.E. 2nd Street Suite #1  
Okeechobee, FL 34972

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Carol Schmitt

Signature/Registered Agent

10-2-00

Date

Carol Schmitt

Signature/Incorporator

10-2-00

Date