

TRANSMITTAL LETTER

PO10000025560

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

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-03/09/01--01050--003  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: ALL MEDICAL OF CENTRAL FLORIDA, 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 of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: CAROL A. EDWARDS  
Name (Printed or typed)

26540 ALE AVE SUITE 101-J  
Address

LEESBURG FL 34748  
City, State & Zip

352-326-0032  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 MAR - 8 AM 8:36

FILED

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

See  
3/13

ARTICLES OF INCORPORATION  
OF  
ALL MEDICAL OF CENTRAL FLORIDA, INC.

FILED  
01 MAR -8 AM 8:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned incorporator, 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: All Medical of Central Florida, Inc.

ARTICLE II. PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:  
26540 Ace Avenue Suite 101-J, Leesburg, FL 34748.

ARTICLE III. SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares.

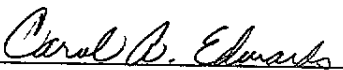
ARTICLE IV. INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: CAROL A. EDWARDS,  
26540 Ace Avenue Suite 101-J, Leesburg, FL 34748.

ARTICLE V. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is: Carol A. Edwards, 26540 Ace Avenue Suite 101-J, Leesburg, FL 34748.

The undersigned incorporator has executed these Articles of Incorporation this  
27 day of February 2001.

  
CAROL A. EDWARDS

STATE OF FLORIDA  
COUNTY OF POLK

BEFORE ME an officer duly authorized to take acknowledgements appeared  
CAROL A. EDWARDS, who was identified to me by a FL Driver's License and  
executed the foregoing document for the purposes therein expressed.

SWORN TO AND SUBSCRIBED before me this 27<sup>th</sup> day of February, 2001.

**FRANCES B. PERRY**  
NOTARY PUBLIC - STATE OF FLORIDA  
COMMISSION # CC933063  
EXPIRES 5/2/2004  
BONDED THRU ASA 1-888-NOTARY1

Frances B. Perry  
NOTARY PUBLIC, State of FL

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501 or 617.0501, Fla. Stat., the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designation the Registered Agent/ Registered Agent, in the State of Florida.

1. The name of the corporation is: All Medical of Central Florida, Inc.
2. The name and address of the registered agent and office is:

Carol A. Edwards  
26540 Ace Avenue Suite 101-J  
Leesburg, FL 34748

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 statutes 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.

Carol A. Edwards  
Carol A. Edwards