

TRANSMITTAL LETTER

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

900004613729--6

-09/27/01--01058--003

\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Lake Okeechobee Family Medicine

(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: Richard L. Dedell, Esq.

Name (Printed or typed)

330 Clematis Street, ste. 217

Address

West Palm Beach, FL 33401

City, State & Zip

561-833-7522

Daytime Telephone number

01 SEP 27 AM 7:20

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 1 2001

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

## ARTICLES OF INCORPORATION

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:

Lake Okeechobee Family Medicine Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

125 N Main Street, S-101  
Belle Glade, FL 33430

### ARTICLE III SHARES

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

100

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

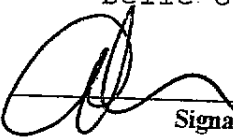
The name and Florida street address of the initial registered agent are:

Richard L. Dedell, Esq.  
330 Clematis Street, Ste. 217  
West Palm Beach, FL 33401

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

David Tolstrap  
Kay L. Dodge  
125 N Main Street, S-101  
Belle Glade, FL 33430

  
Signature/Incorporator

9/23/01  
Date

(An additional article must be added if an effective date is requested.)

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.

  
Signature/Registered Agent

9/21/01  
Date

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