

PD1000118091

ATTORNEYS' TITLE

Requestor's Name

660 E. Jefferson St.

Address

Tallahassee, FL 32301

City/St/Zip

850-222-2785

Phone #

FILED
01 DEC 13 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1- SOUTHERN MEDICAL MOBILITY, INC.
2-
3-
4-

☒ Walk-in ☐ Pick-up time ASAP ☐ Certified Copy
☐ Mail-out ☐ Will wait ☐ Photocopy ☐ Certificate of State

RECEIVED
01 DEC 13 AM 11:25
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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*****70.00 *****70.00

Examiner's Initials

J. BRYAN DEC 13 2001

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
SOUTHERN MEDICAL MOBILITY, INC.

Pursuant to Section 607.0202, Florida Statutes, these Articles of Incorporation provide that:

1. The name of the corporation is SOUTHERN MEDICAL MOBILITY, INC.
2. The principal office of the corporation is 4501 NW 6th Street, Gainesville, FL 32609.
3. The aggregate number of shares which the Corporation is authorized to issue is 100 shares of Common Stock, par value \$5.00 per share.
4. The street address of the initial registered office of this Corporation is 4501 NW 6th Street, Gainesville, FL 32609, and the name of the initial registered agent of this Corporation at that address is MICHELLE CARTER.
5. The name and address of the persons signing these Articles of Incorporation as incorporator are as follows:

MICHELLE CARTER
3829 NW 36th Street
Gainesville, FL 32605

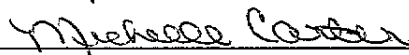
DATED this 11 day of December, 2001.

Michelle Carter
MICHELLE CARTER

**CERTIFICATE DESIGNATING THE ADDRESS AND AN
AGENT UPON WHOM PROCESS MAY BE SERVED**

Having been named to accept service of process for SOUTHERN MEDICAL
MOBILITY, INC., at the place designated in its Articles of Incorporation, I agree to act in this
capacity and to comply with the provisions of Section 607.0505 of the Florida Statutes.

Dated this 11 day of December, 2001.



MICHELLE CARTER
Registered Agent

STATE OF FLORIDA
COUNTY OF ALACHUA

BEFORE ME, personally appeared MICHELLE CARTER, who is personally known to me or who has produced _____ as identification and who did take an oath, deposes and says that she is the Incorporator of these Articles of Incorporation, and as such Incorporator verifies that all statements and information contained herein are true and correct.

DATED this 11TH day of December, 2001.


NOTARY PUBLIC



Julie E. Riley
MY COMMISSION # CC852557 EXPIRES
August 23, 2003
BONDED THRU TROY FAIN INSURANCE, INC.

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TALLAHASSEE, FLORIDA