TRANSMITTAL LETTER SUBJECT: Enclosed is an original and one(1) copy of the articles of incorporation and a check for: \$87.50 \$70.00 □ \$78.75 \$78.75 Filing Fee Filing Fee, Filing Fee Filing Fee Certified Copy & Certificate of Status & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: M. K. Kamal MD

Name (Printed or typed) 2820 SE 3rd CT #2

Please provide the original and one copy of the articles.

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:	
Ocala Concer Institute, P.A	OZ SE
ARTICLE II PRINCIPAL OFFICE	L ALGO
The principal place of business/mailing address is:	ASS 5
2820 SE 3rd CT #2	PH SEE
Ocala, FL 34471	F 51
ARTICLE III PURPOSE	ward from the file
The purpose for which the corporation is organized is:	DA
medical Practice Corporation for projet	
ARTICLE IV SHARES	
The number of shares of stock is:	
10	
ARTICLE V INITIAL OFFICERS (DIRECTORS (optional)	
The name(s), address(es) and title(s):	
Dr. M. K. Kamal 2820 SE 31 LT # 2	· · · · · · · · · · · · · · · · · · ·
2820 SE SIA CI # 2	
Ocala, FL 34471	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address of the registered agent is:	
M. K. Kamal 2820, SE 3rd CT # I Ocala, FL 3447/	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	•
EN V. KamaL MD	
222 SE 3/d CT # Z	
M. K. Kamal MD 2820 SE 31d Ct # 2 0 cala FL 3447/ ***********************************	********
Having been named as registered agent to accept service of process for the above stated co	
certificate, I am familiar with and accept the appointment as registered agent and agree to	act in this capacity
12 Lessa	7/29/12
Si de Maria de Assart	Date
Signature/Registered Agent	[f
M. Land	7/20/00
Signature/Incorporator	Date