



UCC FILING & SEARCH SERVICES, INC.  
526 East Park Avenue  
Tallahassee, Florida 32301  
(850) 681-6528

**HOLD**  
FOR PICKUP BY  
UCC SERVICES  
OFFICE USE ONLY

September 19, 2002

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

**P02000101510**  
Cardiology Associates of Ocala, P.A.

**Filing Evidence**

☐ Plain/Confirmation Copy

☒ Certified Copy

**Type of Document**

☐ Certificate of Status

☐ Certificate of Good Standing

☐ Articles Only

☐ All Charter Documents to Include  
Articles & Amendments

☐ Fictitious Name Certificate

**Retrieval Request**

☐ Photocopy

☐ Certified Copy

☐ Other **300007846183--4**  
-09/19/02--01016--006  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

| NEW FILINGS |                   |
|-------------|-------------------|
| X           | Profit            |
|             | Non Profit        |
|             | Limited Liability |
|             | Domestication     |
|             | Other             |

| AMENDMENTS |                                    |
|------------|------------------------------------|
|            | Amendment                          |
|            | Resignation of RA Officer/Director |
|            | Change of Registered Agent         |
|            | Dissolution/Withdrawal             |
|            | Merger                             |

| OTHER FILINGS |                  |
|---------------|------------------|
|               | Annual Reports   |
|               | Fictitious Name  |
|               | Name Reservation |
|               | Reinstatement    |

| REGISTRATION/QUALIFICATION |                   |
|----------------------------|-------------------|
|                            | Foreign           |
|                            | Limited Liability |
|                            | Reinstatement     |
|                            | Trademark         |
|                            | Other             |

**FILED**  
2002 SEP 19 PM 1:49  
TALLAHASSEE FLORIDA  
**RECEIVED**  
02 SEP 19 AM 10:13

*8/9/19/02*

**FILED**

**ARTICLES OF INCORPORATION**

2002 SEP 19 PM 1:49

**OF**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**CARDIOLOGY ASSOCIATES OF OCALA, P.A.**

The undersigned, duly licensed to practice the profession of medicine in the State of Florida, desires to form a Professional Corporation for the purposes of rendering medical services, and adopts the following Articles of Incorporation for such corporation:

**I.**

The name of the corporation shall be:

**CARDIOLOGY ASSOCIATES OF OCALA, P.A.**

**II.**

The purpose for which the corporation is formed is to engage in the practice of medicine and the corporation shall have all of the powers set forth in Chapter 607, Florida Statutes subject to the limitations as set forth in Chapter 621, Florida Statutes (2001), as they may be amended.

**III.**

The aggregate number of shares of capital stock which the corporation shall have authority to issue shall be 1,000 shares of no par value stock, which stock shall qualify under Section 1244, Internal Revenue Service Code.

**IV.**

The street address of the corporation's initial principal office and its mailing address shall be:

**307 S.W. 14<sup>th</sup> Street  
Ocala, FL 34474**

The street address of the corporation's initial registered office and the name of its initial Registered Agent shall be:

**H. RANDOLPH KLEIN**  
333 N.W. 3<sup>rd</sup> Avenue  
Ocala, FL 34475

V.

The corporation shall have no Directors and the business of the corporation shall be managed by the stockholders.

VI.

The name and address of the incorporator is:

**RAMULU ELIGETI, M.D.**  
307 S.W. 14<sup>th</sup> Street  
Ocala, FL 34474

IN WITNESS WHEREOF, the incorporator has caused this instrument to be executed this 17<sup>th</sup> day of September, 2002

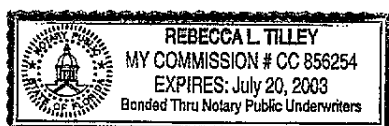


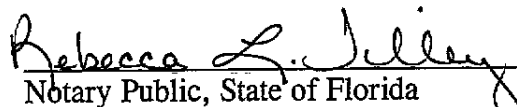
\_\_\_\_\_  
RAMULU ELIGETI, M. D.

STATE OF FLORIDA  
COUNTY OF MARION

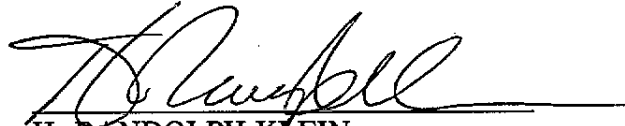
BEFORE ME, a Notary Public this day personally appeared RAMULU ELIGETI, M.D., ( ) who is personally known to me or produced employment identification card as identification who executed the foregoing instrument and acknowledged before me the execution thereof for the uses and purposes therein stated and expressed.

WITNESS my hand and official seal at Ocala, Marion County, Florida, this 17<sup>th</sup> day of September, 2002.



  
Notary Public, State of Florida  
My commission expires:

Having been named Registered Agent of CARDIOLOGY ASSOCIATES OF OCALA,  
P.A., I hereby accept said office and agree to comply with the provisions of Chapter 607,  
Florida Statutes as same pertain to the office of Registered Agent.

  
H. RANDOLPH KLEIN  
Registered Agent

**FILED**  
2002 SEP 19 PM 1:49  
CLERK OF STATE  
TALLAHASSEE FLORIDA