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TRANSMITTAL LETTER

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

SUBJECT: CAPITAL MEDICAL CENTER INC.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are 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: THOMAS J. PERKINS
Name (Printed or typed)

2009 MAHAN DRIVE
Address

TALLAHASSEE, FLORIDA 32308
City, State & Zip

(850) 402-9411
Daytime Telephone number

NOTE: 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)

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TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

CAPITAL MEDICAL CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2009 MAHAN DRIVE, TALLAHASSEE, FLORIDA 32308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL PRACTICE

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

THOMAS J. PERKINS, 2009 MAHAN DR., TALL, FL. 32308 PRESIDENT - DIRECTOR

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** of the registered agent is:

THOMAS J. PERKINS, 2009 MAHAN DR, TALL, FL. 32308

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

THOMAS J. PERKINS, 2009 MAHAN DR. TALL, FL. 32308

****

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent THOMAS J PERKINS — Date 11/25/03

Signature/Incorporator THOMAS J. PERKINS — Date 11/25/03