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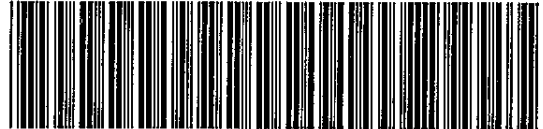
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04 JAN 21 AM 11:37

DIVISION OF REGISTRATION

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04 JAN 21 PM 1:36

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DIVISION OF REGISTRATION

FILINGS, INC. TERESA ROMAN

(Requestor's Name)

2805 LITTLE DEAL ROAD

(Address)

TALLAHASSEE, FLORIDA 32308

385-6735

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

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

1. Webb Medical Services, Inc.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in    ☒ Pick up time 2:00    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<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

Examiner's Initials

**ARTICLES OF INCORPORATION  
OF  
WEBB MEDICAL SERVICES, INC.**

FILED  
04 JAN 21 PM 1:36  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

The undersigned, acting as Incorporator(s) of Webb Medical Services, Inc., a corporation under the Florida General Corporations Act, adopt(s) the following Articles of Incorporation for such corporation:

1. **NAME/ADDRESS:** The name of this corporation is Webb Medical Services, Inc., having its principal place of business at 1500 SE Magnolia Extension, #202, Ocala, Florida 34471 and its mailing address at shall be the same.

2. **DURATION:** The period of its duration is perpetual.

3. **PURPOSE:** The purpose is to engage in general business.

4. **CAPITAL STOCK:** The corporation is authorized to issue 750,000 shares, all of one class, at .01 par value.

5. **INITIAL REGISTERED AGENT AND OFFICE:** The name and the address of the initial registered agent are as follows:

Michael J. Webb, M.D.

1500 SE Magnolia Extension #202  
Ocala, Florida 34471

6. **INITIAL BOARD OF DIRECTORS:** This corporation shall have one (1) director initially. The number of directors may be either increased or decreased from time to time by an amendment of the bylaws of the corporation in the manner provided by law, but shall never be less than one (1). The name and address of the initial director of this corporation is:

**NAME:**

Michael J. Webb, M.D.

**ADDRESS:**

1500 SE Magnolia Extension #202  
Ocala, Florida 34471

7. **INITIAL OFFICERS:** The initial officer of this corporation is:

Michael J. Webb, M.D. - President/Secretary/  
Treasurer

1500 SE Magnolia Extension #202  
Ocala, Florida 34471

8. **INCORPORATOR(S):** The name and the address of the Incorporator signing these Articles of Incorporation is:

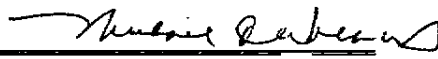
Michael J. Webb, M.D.

1500 SE Magnolia Extension #202  
Ocala, Florida 34471

9. **AMENDMENT OF ARTICLES:** This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

10. **MANAGEMENT OF CORPORATION BY SHAREHOLDERS:** All corporate powers shall be exercised by or under the authority of, and the business and affairs of this corporation shall be managed under the direction of, the shareholders of this corporation.

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation this 20<sup>th</sup> day of January, 2004.

  
MICHAEL J. WEBB, M.D.  
Incorporator

STATE OF FLORIDA )  
COUNTY OF MARION)

The foregoing instrument was acknowledged before me this 20<sup>th</sup> day of January, 2003, by Michael J. Webb, M.D. (as Incorporator) who is personally known to me or who produced Pa. D/L as identification and who did/did not take an oath.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 20<sup>th</sup> day of January, 2004.


My Commission Expires: \_

  
NOTARY PUBLIC - FLORIDA



Sheryl L. Dobek  
MY COMMISSION # DD165414 EXPIRES  
January 23, 2007  
BONDED THROUGH THE FLORIDA BARBERS ASSOCIATION, INC.

Having been named as registered agent for the above-stated corporation, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relevant to the proper and complete performance of my duties, and I accept the duties and obligations of Section 607.0505, Florida Statutes.

  
Registered Agent  
MICHAEL J. WEBB, M.D.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA