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TRANSMITTAL LETTER

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

SUBJECT: C.C	outs,MD,PA		
	(PROPOSED CORPORA	TENAME MUSTING	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	l a check for:
\$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	Carol A. Couts	e (Printed or typed)	······································
	3711 Fallscrest Circle	Address	44 - Martin - A
-	Clermont ,FLorida 347 City	11-5089 , State & Zip	···
-	918-407-7152 Daytime	Telephone number	and the company of the contract of the contrac

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)

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

C. Couts, MD,PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 3711 Fallscrest Circle Clermont, FL 34711-5089

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To Provide Quality Medical Care

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):

- 1- Carol A. Couts, 3711 Fallscrest Circle, , Clermont, FL 34711-5089 ,CEO & President
- 2- Thomas E. Couts,3711 Fallscrest Circle, Clermont, FL 34711-5089 EXEC- VP & CFO
- 3- Margaret M. Richardson ,3711 Fallscrest Circle ,Clermont FL 34711-5089 Secretary

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Fredrick Richardson ,3711 Fallscrest Circle ,Clermont ,FL 34711-5089

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Carol A. Couts,3711 Fallscrest Circle, Clermont, FL 34711-5089