

POS000057409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

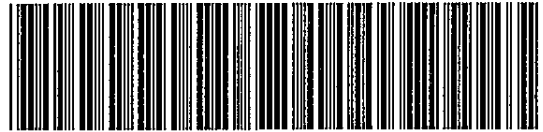
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/13/05--01022--027 \*\*78.75

FILED  
DIVISION OF STATE  
REGISTRATION  
05 APR 13 PM 2:24

B. McKnight APR 19 2005

**TRANSMITTAL LETTER**

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

SUBJECT: Auto-Med Clinic of Ocala, 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: Dr. Thomas Younk  
Name (Printed or typed)

1414 Sunset Lane  
Address

Lutz, FL 33549  
City, State & Zip

813-892-8700  
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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 APR 13 PM 2:24

**ARTICLE I NAME**

The name of the corporation shall be:

Auto-Med Clinic of Ocala, Inc

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

1414 Sunset Lane  
Lutz, FL 33549

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Medical care for people injured in automobile accidents

**ARTICLE IV SHARES**

The number of shares of stock is: 900 (nine hundred)

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Karen Poritz; 4422 Casey Lake Blvd; Tampa, FL 33618; President/Secretary  
Kay Anthousis; 18552 Kingbird Drive; Lutz, FL 33549; Vice-President/  
Treasurer

**ARTICLE VI REGISTERED AGENT**

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

Dr. Thomas Younk  
1414 Sunset Lane  
Lutz, FL 33549

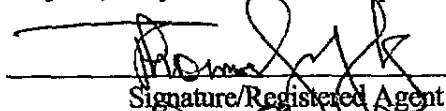
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

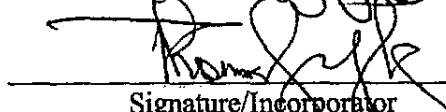
Dr. Thomas Younk  
1414 Sunset Lane  
Lutz, FL 33549

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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

4/8/05  
Date

  
Signature/Incorporator

4/8/05  
Date