

10/11/20

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

*Children's Medical Center
of Ormond Beach, P.A.*

Signature _____

Requested by: *WC*

Name _____

Date *10/10*

Time *11:00*

Walk-In _____

Will Pick Up _____

☒ Art of Inc. File _____

____ LTD Partnership File _____

____ Foreign Corp. File _____

____ L.C. File _____

____ Fictitious Name File _____

____ Trade/Service Mark _____

____ Merger File _____

____ Art. of Amend. File _____

____ RA Resignation _____

____ Dissolution / Withdrawal _____

____ ☒ Annual Report / Reinstatement _____

____ Cert. Copy _____

____ Photo Copy _____

____ Certificate of Good Standing _____

____ Certificate of Status _____

____ Certificate of Fictitious Name _____

____ Corp Record Search _____

____ Officer Search _____

____ Fictitious Search _____

____ Fictitious Owner Search _____

____ Vehicle Search _____

____ Driving Record _____

____ UCC 1 or 3 File _____

____ UCC 11 Search _____

____ UCC 11 Retrieval _____

____ Courier _____

FILED
06 OCT 10 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION
OF
CHILDREN'S MEDICAL CENTER OF ORMOND BEACH, P.A.**

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation is CHILDREN'S MEDICAL CENTER OF ORMOND BEACH, P.A. The purpose of this corporation is to provide medical treatment.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 1688 West Granada Blvd., Suite 1-B, Ormond Beach, Florida 32174.

ARTICLE III: CAPITAL STOCK

The number of shares of stock this corporation is authorized to have outstanding at any one time is one hundred (100) shares having a no par value.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is James R. Evans, Esquire, 322 Silver Beach Avenue, Daytona Beach, Florida 32118.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is SALMAN AHMED, M.D.

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of the initial Board of Directors of the corporation are:

SALMAN AHMED, M.D.
1688 West Granada Blvd., Suite 1-B, Ormond Beach, Florida 32174

The undersigned has executed these Articles of Incorporation this 9th day of
October, 2006.

STATE OF FLORIDA
COUNTY OF VOLUSIA

Before me, the undersigned authority, duly authorized to take acknowledgments and administer oaths, personally appeared to me SALMAN AHMED personally known to me to be the person herein described or who presented the following form of identification: _____ and after being duly sworn under oath he acknowledged to and before me that he executed the foregoing instrument for the purposes therein and that the facts alleged therein are true and correct.

WITNESS my hand and official seal in the County and State last aforesaid this
9th day of October, 2006.

Cynthia M. Ladwig
Notary Public,
State of Florida At Large




CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statutes the mentioned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent in the State of Florida:

1. The name of the corporation is CHILDREN'S MEDICAL CENTER OF ORMOND BEACH.
2. The name and street address of the registered agent is JAMES R. EVANS, ESQUIRE, 322 Silver Beach Avenue, Daytona Beach, Florida 32118.

HAS BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.


JAMES R. EVANS

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STATE
TALLAHASSEE, FLORIDA