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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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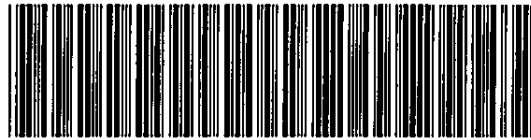
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. B. Moore FEB 19 2007

COVER LETTER

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

SUBJECT: KMC Medical Consortium, 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: Linda M. Robison, Esq.

Name (Printed or typed)

2424 North Federal Highway, Suite 366

Address

Boca Raton, Florida 33431

City, State & Zip

561.886.0500

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)

ARTICLE I NAME

The name of the corporation shall be:

KMC Medical Consortium, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5790 Southwest 97th Street, Pinecrest, Florida 33156

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To transact any lawful business for which corporations may be incorporated under the Florida Business Corporation Act and to do such other things as are incidental to the foregoing or necessary or desirable to accomplish the foregoing.

ARTICLE IV SHARES

The number of shares of stock is:

The aggregate number of shares that the corporation is authorized to issue is 5,000 shares with a par value of One Dollar (\$1.00) per share.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Barbara Ceuleers, President and Secretary, 5790 Southwest 97th Street, Pinecrest, Florida 33156
Gerardo Aguirre, M.D., Vice President and Treasurer, 5790 Southwest 97th Street, Pinecrest, Florida 33156

ARTICLE VI REGISTERED AGENT

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

Linda M. Robison, Esq.
2424 North Federal Highway, Suite 366
Boca Raton, Florida 33431

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Linda M. Robison, Esq.
2424 North Federal Highway, Suite 366
Boca Raton, Florida 33431

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Linda M. Robison
Signature/Registered Agent

2/15/07
Date

Linda M. Robison
Signature/Incorporator

2/15/07
Date