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Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
THE MEDICAL CENTRE OF LEHIGH ACRES, INC**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLES OF INCORPORATION**

The undersigned Incorporator (s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

THE MEDICAL CENTRE OF LEHIGH ACRES, INC

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**1303 Homestead Road North, Suite#100-A
Lehigh Acres, FL 33936**

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100- \$5.00 Value

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Ralph Ryback
1303 Homestead Road North, Suite#100-A
Lehigh Acres, FL 33936**

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TALLAHASSEE, FLORIDA

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

**Ralph Ryback
1303 Homestead Road North, Suite#100-A
Lehigh Acres, FL 33936**

The undersigned incorporator has executed these Articles of Incorporation this March 15th, 2010.


Signature

ARTICLE VI - DIRECTOR (S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

**President: Ralph Ryback, MD
1303 Homestead Road North, Suite#100-A
Lehigh Acres, FL 33936**

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/ REGISTERED OFFICE:

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.


Registered Agent Signature

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