

P110000094907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

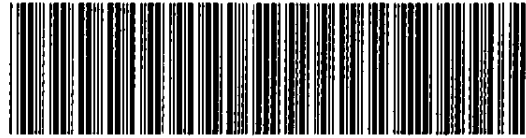
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Certified Copies _____ Certificates of Status _____

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091-2558-505-2228-192-
W11000050884



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09/30/11--01012--009 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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COVER LETTER

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

SUBJECT: CALA HILLS MEDICAL CENTER
(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: SYLVESTER AJUFO MD
Name (Printed or typed)
2131 SW 22ND PLACE, STE.# 101
Address
OCALA, FL 34471
City, State & Zip
352 812 8702
Daytime Telephone number
omosed@aol.com
E-mail address: (to be used for future annual report notification)

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CLERK
DIVISION OF CORPORATIONS

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 OCT 31 AM 11:19

DIVISION OF CORPORATIONS

October 3, 2011

SYLVESTER AJNFO MD
2131 SW 22ND PLACE
SUITE #101
OCALA, FL 34471

SUBJECT: CALA HILLS MEDICAL CENTER
Ref. Number: W11000050884

We have received your document for CALA HILLS MEDICAL CENTER and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please list the street address of each officer/director.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 411A00022714

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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ARTICLES OF INCORPORATION
OF
CALA HILLS MEDICAL CENTER, INC.

In compliance with the requirements of F.S. Chapter 607 and 621, the undersigned hereby acts as an incorporator in adopting and filing the following articles of incorporation for the purpose of organizing a business corporation.

ARTICLE I. NAME

The name of the Corporation is: CALA HILLS MEDICAL CENTER, INC.

ARTICLE II. PRINCIPAL OFFICE

The principal place of business and mailing address of the Corporation shall be 2131 SW 22nd Place, Suite 101, Ocala, Florida, 34471.

ARTICLE III. PURPOSE

The specific purpose for which the Corporation is organized is to engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE IV. CAPITAL STOCK

The total number of shares this Corporation is authorized to issue is 1,000 shares, all of which shall be Common Shares and shall have a par value of \$1.00 per share.

ARTICLE V. DURATION AND COMMENCEMENT

The Corporation is to exist perpetually or until dissolved on a vote of the shareholders as hereafter provided. Corporate existence shall commence on January 1, 2012.

ARTICLE VI. PREEMPTIVE RIGHTS

Every shareholder upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro rata share thereof at the price at which it is offered to others.

ARTICLE VII. SPECIAL PROVISION

The stock of this corporation is intended to qualify under the requirements of section 1244 of the Internal Revenue Code and the regulations issued thereunder. Such actions as are necessary will be taken by the appropriate officers to accomplish this compliance.

ARTICLE VIII. OFFICERS

The Corporation is to be managed by a board of directors. The number of directors constituting the initial board of directors is one (1), and the name and address is Sylvester Ajufo, MD. 2131 SW 22nd Place #202 Ocala, FL 34471

ARTICLE IX. REGISTERED AGENT AND STREET ADDRESS

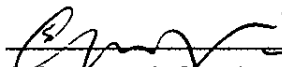
The name and address of the initial Registered Agent of this Corporation is: SYLVESTER AJUFO, M.D., PA., 2131 SW 22nd Place #202 Ocala, FL 34471.

ARTICLE X. SUBSCRIBER

The name and street address of the person signing these articles of incorporation is:

Name	Address
SYLVESTER AJUFO, M.D., PA.	2131 SW 22 nd Place #202 Ocala, FL 34471

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal this 26th day of October, 2011.


Sylvester Ajufo, M.D.



STATE OF FLORIDA
COUNTY OF MARION

The foregoing instrument was acknowledged before me this 26 day of October, 2011
by Sylvester Ajufo who

☒ 1. is personally known to me or

☐ 2. has produced a FL driver's license # _____

IN WITNESS WHEREFORE, I have hereunto set my hand and affixed my official seal in the state and county aforementioned, the date first written above.

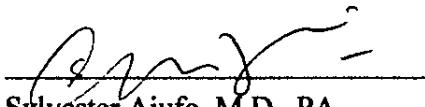

Notary public, State of Florida

Commission Expiration Date: Feb 9, 2014

ACCEPTANCE OF REGISTERED AGENT

Having been named as registered agent designated to accept service of process for CALA HILLS MEDICAL CENTER, INC. at the place designated in the articles of incorporation, the undersigned is familiar with and accepts the obligations of that position pursuant to F.S. 607.0501.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal this 26th day of October, 2011.


Sylvester Ajufo, M.D., PA.
Registered Agent



STATE OF FLORIDA
COUNTY OF MARION

The foregoing instrument was acknowledged before me this 26th day of October, 2011 by Sylvester Ajufo who

☒ 1. is personally known to me or

☐ 2. has produced a Florida driver's license # _____

IN WITNESS WHEREFORE, I have hereunto set my hand and affixed my official seal in the state and county aforementioned, the date first written above.


Notary public, State of Florida

Commission Expiration Date: Feb 9, 2014

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CLERK OF COURT
DIVISION OF COURT CLERK