

**Electronic Articles of Incorporation
For**

P14000038986
FILED
May 01, 2014
Sec. Of State
msolomon

LAKE FAMILY PRACTICE INC

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

LAKE FAMILY PRACTICE INC

Article II

The principal place of business address:

2105 HARTWOOD MARSH RD. SUITE 8
CLERMONT, FL. US 34711

The mailing address of the corporation is:

PO BOX 121156
CLERMONT, FL. US 34712

Article III

The purpose for which this corporation is organized is:

MEDICAL OFFICE

Article IV

The number of shares the corporation is authorized to issue is:

200SH COMMON STOCK @ \$1.00 PAR

Article V

The name and Florida street address of the registered agent is:

PURNAMA D MADRAY
2920 MAGNILIA BLOSSOM CIRCLE
CLERMONT, FL. 34711

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: PURNAMA D MADRAY

Article VI

The name and address of the incorporator is:

PU RNAMA D MADRAY
2920 MAGNOLIA BLOSSOM CIRCLE

CLERMONT, FL 34711

Electronic Signature of Incorporator: PU RNAMA D MADRAY

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: PTS
PU RNAMA D MADRAY
2920 MAGNOLIA BLOSSOM CIRCLE
CLERMONT, FL. 34711 US

Title: MD
MARIA E HERNANDEZ
PO BOX 120373
CLERMONT, FL. 34712 US

Article VIII

The effective date for this corporation shall be:

04/29/2014