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Email Address: juangarcia@orlandofamilymedical.com

FLORIDA PROFIT/NON PROFIT CORPORATION OFM OCALA, INC.

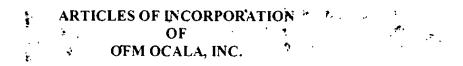
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The undersigned subscriber to these Articles of Incorporation is a natural person competent to contract and hereby form a Corporation for profit under Chapter 607 of the Florida Statutes.

#### **ARTICLE I - NAME**

The name of the Corporation is OFM OCALA, INC. (hereinafter, "Corporation").

## **ARTICLE II - PURPOSE**

The Corporation shall engage in any activity or business permitted under the laws of the United States and of the State of Florida.

## **ARTICLE III - PRINCIPAL OFFICE**

The address of the principal office of this Corporation is: 2685 SW 32nd Place, Ste 100, Orlando, FL 34471

# ARTICLE IV - MAILING ADDRESS

The mailing address of this Corporation is: 931 West Oak Street, Suite 103
Kissimmee, FL 34741

#### **ARTICLE V - INCORPORATOR**

The name and street address of the incorporator of this Corporation

Juan J. Garcia 931 West Oak Street, Suite 103 Kissimmee, FL 34741

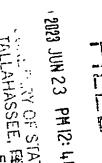
## ARTICLE VI - INITIAL OFFICERS AND DIRECTORS

Title President

GARCIA, DELARAY S. 931 W OAK STREET, STE 103 KISSIMMEE, FL 34741

Title VP

GARCIA, JUAN J 931 W OAK STREET, STE 103 KISSIMMEE, FL 34741



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#### **ARTICLE VII - POWERS OF CORPORATION**

The Corporation shall have the same powers as an individual to do all things necessary or convenient to carry out its business and affairs, subject to any limitations or restrictions imposed by applicable law or these Articles of Incorporation.

## **ARTICLE VIII - TERM OF EXISTENCE**

This Corporation shall have perpetual existence.

## **ARTICLE IX - SHARE(S)**

The number of shares of stock of the Corporation shall be One Hundred (100).

## ARTICLE X - REGISTERED OFFICE AND REGISTERED AGENT

The name and address of the registered agent of this Corporation is:

Juan J. Garcia 931 West Oak Street, Suite 103 Kissimmee, FL 34741

#### **ARTICLE XI - EFFECTIVE DATE**

These Articles of Incorporation shall be effective immediately upon Secretary of State, State of 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.

#### REGISTERED AGENT

JUAN J. GARCIA

I submit this document and affirm that the fact stated herein are true and accurate. I am aware that the false information submitted in a document to the Department of State constitutes a third-degree felony as provided for in §817.155, F.S.

**INCORPORATOR** 

JUAN J. GARCIA