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COR AMND/RESTATE/CORRECT OR O/D RESIGN  
ROBINSON FAMILY CLINIC, P.A.

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**AMENDED AND RESTATED  
ARTICLES OF INCORPORATION  
OF  
ROBINSON FAMILY CLINIC, P.A.  
(Document Number: P94000091282)**

The undersigned hereby executes and adopts these Amended and Restated Articles of Incorporation pursuant to Sections 607.1007 and 621.13, Florida Statutes, and a resolution duly adopted by the joint written consent of the sole Shareholder and Director on September 12, 2018:

**ARTICLE I**  
**NAME**

The name of the corporation is ROBINSON FAMILY CLINIC, INC.

**ARTICLE II**  
**PRINCIPAL OFFICE AND MAILING ADDRESS**

The principal office and mailing address of the corporation is 509 Neslo Lane, Lakeland, Florida 33813.

**ARTICLE III**  
**PURPOSE**

The corporation is organized for the purpose of transacting any and all lawful business.

**ARTICLE IV**  
**DURATION**

The corporation shall exist perpetually until dissolved according to law.

**ARTICLE V**  
**CAPITAL STOCK**

The number of shares of capital stock that the corporation is authorized to issue is 100 shares of common stock, having a par value of \$0.00 per share.

**ARTICLE VI**  
**BOARD OF DIRECTORS**

All corporate powers shall be exercised by and under the authority of, and the business and affairs of the corporation shall be managed under the direction of, the board of directors.

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The corporation shall have one (1) director. The number of directors may be increased or decreased from time to time in accordance with the bylaws of the corporation.

The name and street address of the director is:

Tamara R. Robinson  
509 Neslo Lane  
Lakeland, Florida 33813

**ARTICLE VII**  
**REGISTERED AGENT**

The name and street address of the registered agent of the corporation in the State of Florida are Tamara R. Robinson, 509 Neslo Lane, Lakeland, Florida 33813.

**ARTICLE VIII**  
**INCORPORATOR**

The Incorporator of this corporation is set forth in the Articles of Incorporation filed for this corporation on December 19, 1994.

IN WITNESS WHEREOF, the undersigned has executed these Amended and Restated Articles of Incorporation this 12<sup>th</sup> day of September, 2018.

  
\_\_\_\_\_  
Tamara R. Robinson, as President

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To: The Department of State  
Tallahassee, Florida 32314

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE  
FOR THE SERVICE OF PROCESS WITHIN FLORIDA  
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

In compliance with Section 607.0501 of the Florida Business Corporation Act, the following is submitted:

Robinson Family Clinic, Inc., with its place of business at 509 Neslo Lane, Lakeland, Florida 33813, has named Tamara R. Robinson located at 509 Neslo Lane, Lakeland, Florida 33813, as its agent to accept service of process within Florida.

Dated: September 12, 2018.

  
\_\_\_\_\_  
Tamara R. Robinson, as President

Having been named to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept appointment as its registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the duties and obligations of my position as registered agent.

Dated: September 12, 2018.

  
\_\_\_\_\_  
Tamara R. Robinson, Registered Agent

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