P95000002026

TRANSMITTAL LETTER

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

SUBJECT: Big	Bend /	Medical Con name - must include su	-01706 -01706	@#14 51 7 24:31044 \$24501090010 131.25 4444131.25
Enclosed is an original for : \$70.00 Filing Fee	and one (1) copy \$78.75 Filing Fee & Certificate	y of the articles of i \$122.50 Filing Fee & Certified Copy		d a check
FROM:	Tas Name	Joseph (printed or typed)	Rogertt	Cu14.07
	Tellohas Cit	Address Sec., FL 32 Ty, State & Zip (8-34/2 Telephone number		
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NOTE: Please provide the original and one copy of the articles.

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:

Big Bend Medical Corporation

ARTICLE II PRINCIPAL OFFICE

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

2392 Tuscavilla Rd.

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 5000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Joseph Barrett Gunter 2392 Torenvilla Kil Tellaharre, FE 72312

ABTICLE V INCORPORATOR(S)

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and Recrett Gunter	
Towardle Kil	
Habuster, FL 32312	
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The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

day of January 19 95.

Signature

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, I'I THE STATE OF FLORIDA.

1. The name of the corporation is: Big Beach Medical (or peration
2. The name and address of the registered agent and office is:	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2312 Tuscavilla Ric. (P.O. Box not acceptable) Tallahassee FL 32312 (City/State/Zip)	07

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

(Signature) (1/4/15)