

P95000002642
TRANSMITTAL LETTER

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

600001874316
-01/10/95--01013--013
****131.25 ****131.25

SUBJECT: OWENSBY MEDICAL SERVICES, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check
for :

☐ \$70.00 ☐ \$78.75 ☐ \$122.50 ☒ \$131.25

FROM: OWENSBY MEDICAL SERVICES, INC.
c/o The Alliance
Name (printed or typed)

P.O. Box 1076
Address

Jacksonville, FL 32201
City, State & Zip

(904) 356-9411 or (904) 396-7902
Daytime Telephone number

STATE
DIVISION OF CORPORATIONS
JAN 10 1995
00:11:00

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

KON 1-11

ARTICLES OF INCORPORATION

95 JAN -9 AM 11:00

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:

OWENSBY MEDICAL SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

2230 Emerson Street, Suite #4
Jacksonville, FL 32207

ARTICLE III SHARES

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

100,000 @ \$10.00 par value each Common Stock

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Larry R. Owensby
2230 Emerson Street, Suite #4
Jacksonville, FL 32207

ARTICLE V INCORPORATOR(S)

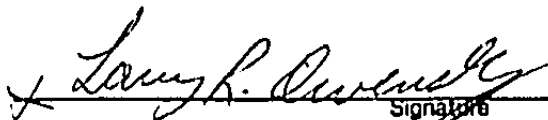
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Larry R. Owensby
3440 Arethon Street
Jacksonville, FL 32207

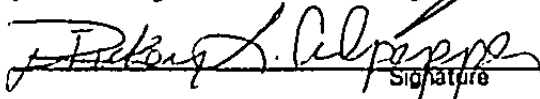
Rickey L. Culpopper
6515 Lamirada Dr. W. #3
Jacksonville, FL 32217-8802

The undersigned Incorporator(s) has(have) executed these Articles of Incorporation this

7th day of January, 19 95.



Signature



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, IN THE STATE OF FLORIDA.

1. The name of the corporation is: OWENSBY MEDICAL SERVICES, INC.

2. The name and address of the registered agent and office is:

Larry R. Owensby

(Name)

2230 Emerson Street, Suite #4

(P.O. Box not acceptable)

Jacksonville, FL 32207

(City/State/Zip)

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)