TRANSMITTAL LETTER 950000581 Dispartment of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: // . S.	Medica Proposed corporate	1 Center, Ix e name - must include su	1 C ·	FILET FR 24				
		ELTION OF THE PROPERTY OF THE						
Enclosed is an original and one (1) copy of the articles of incorporation and a check								
\$70.00 Filing Fee	#78.75 Filing Fee & Certificate	#122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate					
FROM:		Kenslau) (printed or typed)	-02	00001415418 /24/9501119006 ***70.00 +****70.00				
	704 E	AST Annie Si Address	7.					
	Tampa Cit	71. 33612 ry, State & Zip						
		3 - 3152 Telephone number	<u></u>					

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





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: LL. J. Medical Center, Inc.

Effective Date is: March 1, 1995.

ARTICLE II PRINCIPAL OFFICE

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

704 East Annie St. Tampa, 71. 33612

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 5,000 Five Thousand

per value 11.00 (one dollar) per share of common stock

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Dianne Kenslow 704 East Annie St. Tampa, 71. 33612

03.01-95

ARTICLE V INCORPORATOR(S)

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

Dianne Kenslow 704 East Annie St. Tampa, 71. 33612

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 22md day of 4eb , 1995.

Diane Benslow

Signature

Signature

Articles of Incorporation Filing Fee - \$35

The second secon		
Art	icle II - Purpose	
-/2 - \	This corporation is organized	-
acti	the purpose of engaging in any vities or business permitted under	
the 1	Laws of the United States and State of Flor	ماد
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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: LL. S. MedicalCen	ter, Inc.
2. The name and address of the registered agent and office is:	1000 1100 1100 1100 1100 1100 1100 110
Dianne Kenslow	12 12 15
(Name)	
704 East Annie St. (P.O. Box not acceptable)	9: Qu
(1.0. DOX flot acceptable)	I.
IAmpa 71. 33612	
(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 statt tes 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.

Warne Kenslaw Leh 22/995 (Date)