# P95000019041

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March 3, 1995

Corporate Records Bureau

Division of Corporations

Department of State

P. O. Box 6327

RE: Ocala Critical Care & Lung Associates, Inc.

Gentlemen:

Tallahassee, FL 32314

Please file the enclosed Articles of Incorporation and send the certified copy and your acknowledgement to me in care of this office. Enclosed is our check in the sum of \$122.50 representing your filing fees.

Very truly yours,

H. RANDOLPH KLEIN

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OF

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# OCALA CRITICAL CARE & LUNG ASSOCIATES, INC.

The undersigned hereby organizes and subscribes to these Articles of Incorporation under the laws of Florida.

I.

The name of the corporation shall be:

# OCALA CRITICAL CARE & LUNG ASSOCIATES, INC.

II.

The general purpose for which the corporation is organized shall include the transaction of any or all lawful business for which corporations may be incorporated under Chapter 607, Florida Statutes.

#### III.

The aggregate number of shares of capital stock which the corporation shall have authority to issue shall be 1,000 shares of no par value stock, which stock shall qualify under Section 1244, Internal Revenue Service Code.

IV.

The corporation's principal office and its registered office shall be:

## MARC J. DiLORENZO 6465 SW 21 Court Road Ocala, Florida 34474

and the name of its initial Registered Agent at such address shall be:

## MARC J. DILORENZO

v.

The corporation shall have no Directors and the business of the corporation shall be managed by the stockholders.

VI.

The name and address of the incorporator is:

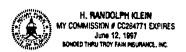
MARC J. DiLORENZO 6465 SW 21 Court Road Ocala, Florida 34474 IN WITNESS WCEREOF, the incorporator has caused this instrument to be executed this 24 day of February , 1995.

MARC J. DiLORENCO

STATE OF FLORIDA COUNTY OF MARION

J. DiLORENZO, ( X ) who is personally known to me or produced as identification who executed the foregoing instrument and acknowledged before me the execution thereof for the uses and purposes therein stated and expressed.

WITNESS my hand and official seal at Ocala, Marion County, Florida, this 24 day of February , 1995.



Notary Public, State of Florida

My commission expires:

Having been named Registered Agenc of OCALA CRITICAL CARE & LUNG ASSOCIATES, INC., I hereby accept said office and agree to comply with the provisions of Chapter 607, Florida Statutes as same pertain to the office of Registered Agent.

MARC J. DiLORENZO Registered Agent

### PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORMANDO FLORIDA DEPARTMENT OF STATE **APPLICATION** FOR 910 Sandra B. Mortham Secretary of State REINSTATEMENT 96 OCT 15 PM 3:54 **DIVISION OF CORPORATIONS** DOCUMENT # P95000019041 SECRETARY OF STATE TALLAHASSEE, FLORIDA 1 Corporation Name OCALA CRITICAL CARE & LUNG ASSOCIATES, INC. Principal Place of Business Mailing Address 9465 S.W. 21ST COURT ROAD 6465 S.W. 21ST COURT ROAD OCALA FL 34474 OCALA FL 34474 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2 New Principal Office Address: If Applicable 3 New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Susiness in Florida 03/06/1985 Suite Apt # 10 Suite, Apt. N. etc. 5. EEI Number Applied For City & Stare City & State Not Applicable Country Country CERTIFICATE OF STATUS DESIRED 7 Names and Street Addresses of Each Officer and/or Direct 1 (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director ([M: NOT Use Post Office Box Numbers) Title 's) and/or Directors City / State / Zip MARC J. Di LORENZO 6465 SW 21st Cout Pd. OcalA, FL 34 600001984666----10/24/96--01010--011 \*\*\*\*375.00 - \*\*\*\*375,*6*0 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agr Name DILORENZO, MARC J Street Address (P.O. Box Number is Not Acceptable) 6465 S.W. 21ST COURT ROAD **OCALA FL 34474** Suite, Apt. #. Etc. State Zip Code 10 I. being appointed the registered agent of the above named corporation, and familiar with and accept the obligations of Section 607.0505, F.S. Date 9-23-96 REGISTERET GENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes.

SIGNATURE AND TYPE OF CHILD AND OFFICER OF DIRECTOR 9-23-46 352-132-55

12.1 certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 697 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 118.07(3)(i), F.S. The information indicated

On this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

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