P95000019041

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March 3, 1995

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

RE: Ocala Critical Care & Lung Associates, Inc.

Gentlemen:

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

HRK/kp
enc.

95 MAR -6 AM 9:28

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -6 AM 9:28

ARTICLES OF INCORPORATION

OF

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 WHEREOF, the incorporator has caused this instrument to be executed this 24 day of February, 1995.

MARC J. DiLORENZO

STATE OF FLORIDA
COUNTY OF MARION

BEFORE ME, a Notary Public this day personally appeared MARC 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.

H. RANDOLPH KLEIN
MY COMMISSION # CC284771 EXPIRES
June 12, 1997
BONDED THRU TROY FAIN INSURANCE, INC.

Notary Public, State of Florida

My commission expires:

Having been named Registered Agent 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 FORM.

APPLICATION FOR 96 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 OCT 15 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000019041**

1 Corporation Name

OCALA CRITICAL CARE & LUNG ASSOCIATES, INC.

Principal Place of Business	Mailing Address
6465 S.W. 21ST COURT ROAD OCALA FL 34474	6465 S.W. 21ST COURT ROAD 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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/08/1995

5. FEI Number: 65-0650144 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	Marc J. DiLorenzo	6465 SW 21st Court Rd.	Ocala, FL 34474

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-10/24/96--01010--011
****375.00 ****375.00-

REINSTATEMENT 1996

a. Alan

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent 10-15-96
DILORENZO, MARC J 6465 S.W. 21ST COURT ROAD OCALA FL 34474	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/96)

10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Marc J. DiLorenzo — REGISTERED AGENT MUST SIGN

Date: 9-23-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing 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 119.07(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.

SIGNATURE: Marc J. DiLorenzo — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-23-96 — Date

352-732-5550 — Daytime Phone #