

P95000035853

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
TOLL FREE No. 1-800-342-8062
FAX (904) 222-1222

NAME _____
FIRM _____
ADDRESS _____
PHONE () _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -8 PM 1:49

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DBS/8/95

REQUEST TAKEN CONFIRMED APPROVED
DATE _____
TIME _____
BY AAK CK No. _____

WALK-IN
Will Pick Up 5.8 1240

RE: Ta vares Rural Medical Center

	C.C. FEE.	DISBURSED
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<input type="checkbox"/> Art. of Inc. File		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership File		
<input checked="" type="checkbox"/> Foreign Corp. File		
<input type="checkbox"/> () Cert. Copy(s)		
<input type="checkbox"/> Art. of Amend. File		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> C U S-		
<input type="checkbox"/> Fictitious Name File	800001479208	
	-05/08/95--01075--022	
<input type="checkbox"/> Name Reservation	***122.50	***122.50
<input type="checkbox"/> Annual Report/Reinstatement		
<input type="checkbox"/> Reg. Agent Service		
<input type="checkbox"/> Document Filing		
<input type="checkbox"/> Corporate Kit		
<input type="checkbox"/> Vehicle Search		
<input type="checkbox"/> Driving Record		
<input type="checkbox"/> Document Retrieval		
<input type="checkbox"/> UCC 1 or 3 File		
<input type="checkbox"/> UCC 11 Search		
<input type="checkbox"/> UCC 11 Retrieval		
<input type="checkbox"/> File No.'s, _____ Copies		
<input type="checkbox"/> Courier Service		
<input type="checkbox"/> Shipping/Handling		
<input type="checkbox"/> Phone ()		
<input type="checkbox"/> Top Priority		
<input type="checkbox"/> Express Mail Prep.		
<input type="checkbox"/> FAX () pgs.		
SUBTOTALS		

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum.

THANK YOU
from
Your Capital Connection

ARTICLES OF INCORPORATION

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OF

TAVARES RURAL MEDICAL CENTER, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation is **TAVARES RURAL MEDICAL CENTER, INC.**

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 115 Burleigh Blvd., Tavares, FL 32778.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares having a par value of one dollar (\$1.00) per share.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

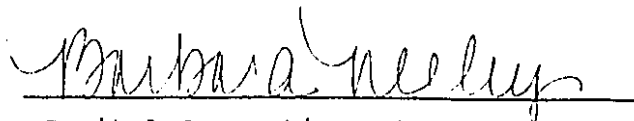
ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of the member of the initial Board of Directors of the corporation is Karen L. Spicer, 115 Burleigh Blvd., Tavares, FL 32778.

The undersigned has executed these Articles of Incorporation this 8th day of May, 1995.

A handwritten signature in cursive script, reading "Barbara Neeley", is written over a horizontal line.

Capital Connection, Inc.

Barbara Neeley - President
Incorporator

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

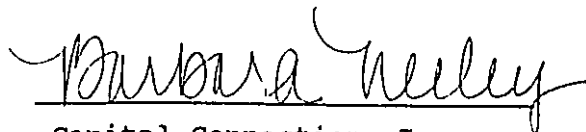
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Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the state of Florida.

1. The name of the corporation is **TAVARES RURAL MEDICAL CENTER, INC.**

2. The name and address of the registered agent and office is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

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.



Capital Connection, Inc.

Barbara Neeley - President

Date: May 8, 1995

P-95000035853

SEMENTO & SWIGERT
ATTORNEYS AT LAW
AN ASSOCIATION OF PROFESSIONAL ASSOCIATIONS
531 NORTH BAY STREET
POST OFFICE BOX 680
EUSTIS, FLORIDA 32727-0680
FAX (352) 357-0818

LAWRENCE J. SEMENTO, P.A.
BRETT L. SWIGERT, P.A.

TELEPHONE (352) 357-0770

NEAL D. HUEBSCH, OF COUNSEL

May 20, 1996

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32313

Re: *Tavares Rural Medical Center, Inc.*
Charter No. P95000035853

Dear Sirs:

In regard to the above, enclosed please find Statement of Change of Registered Office or Registered Agent and check in the amount of \$.00 for filing this Statement of Change. Please return a file stamped copy to me in the enclosed stamped-addressed envelope.

Thank you for your attention to this matter.

Very truly yours,

LAWRENCE J. SEMENTO

LJS/sc

Enclosures

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-05/24/96--01008--005
*****35.00 *****35.00

VS JUN 4 1996

RA Chg.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Florida Department of State, Jim Smith, Secretary of State

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: Tavares Rural Medical Center, Inc.

1b. Date of incorporation May 8, 1995 Document number P95000035853

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

Capital Connection, Inc.

417 E. Virginia St., Suite #1, Tallahassee, FL 32301


3. The name and address of the new registered agent and office:
(P.O. Box Not Acceptable)

Lawrence J. Semento

531 North Bay Street, Eustis, Florida 32726

The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.


SIGNATURE

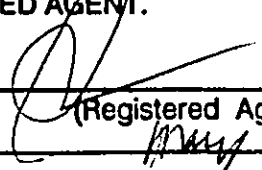
Karen L. Spicer, Director
Typed or printed name and title

DATE

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 RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

DATE

 (Registered Agent) Lawrence J. Semento

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

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96 MAY 23 PM 1:55
TALLAHASSEE FLORIDA
SECRETARY OF STATE