

Orthopedic Associates P. A.

April 5, 1995

Secretary of State Division of Corporations P.O. Box 6327 Tallahasses, FL 32314 000000001445722660 -04/10/95--01055--002 +\*\*\*122.50 +\*\*\*122.50

RE: Articles of Incorporation

CENTRAL FLORIDA ORTHOPEDIC ASSOCIATES, INC.

Doar Sirs:

Enclosed please find original and one copy of Articles of Incorporation of Central Florida Orthopedic Associates, Inc., along with our check #2218 in the amount of \$122.50 to cover filing fees.

 $$\operatorname{\mathtt{Also}}$  enclosed is a self-addressed envelope for return of a certified copy of the articles.

Thank you.

Sincerely,

LINN TUTTLE

Business Manager

ASSEE, FL

1095-7996 5

J. Michael Ray M.D.

David H. Lucas M.D.



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

April 13, 1995

JAMES M. RAY M.D. 702 MONTROSE ST CLERMONT, FL 34711

SUBJECT: CENTRAL FLORIDA ORTHOPEDIC ASSOCIATES, INC.

Rei. Number: W95000007996

We have received your document for CENTRAL FLORIDA ORTHOPEDIC ASSOCIATES, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

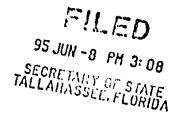
Your document is being returned as requested.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6052.

Hope Sims Corporate Specialist

Letter Number: 595A00017077



## ARTICLES OF INCORPORATION

OF

## SOUTH LAKE ORTHOPEDIC ASSOCIATES, INC.

The undersigned subscriber to the Articles of Incorporation, natural person, competent to contract, desiring to form a corporation under the laws of the State of Florida, hereby makes, subscribes and acknowledges this certificate for that purpose, as follows:

#### ARTICLE I

The name of the corporation is:
SOUTH LAKE ORTHOPEDIC ASSOCIATES, INC.

#### ARTICLE II

The purpose for which the corporation is formed is to engage in the conduct of any lawful business activity.

### ARTICLE III

This corporation is to have perpetual existence.

### ARTICLE IV

The maximum number of shares of stock that this Corporation is authorized to have outstanding at one time are One Hundred (100) shares at no par value.

#### ARTICLE V

The street address of the initial registered and principal office of this Corporation is:

702 W. Montroso Stroot Clermont, FL 34711

### ARTICLE VI

The name of the initial Registered Agent of this Corporation is: JAMES MICHAEL RAY

#### ARTICLE VII

The Corporation shall have ONE (1) director initially. The number of directors may be increased from time to time by the By-Laws but shall never be less than one.

## ARTICLE VIII

The name and address of the initial director of this Corporation is:

JAMES MICHAEL RAY

702 W. Montrose Street Clermont, FL 34711

### ARTICLE IX

The name and address of the person signing these Articles of Incorporation is:

JAMES MICHAEL RAY

702 W. Montrose Street Clermont, FL 34711

#### ARTICLE X

This Corporation reserves the right to amond or repeal any provinion contained in these Articles of Incorporation or any Amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation on this 22x4 May, 1995.

STATE OF FLORIDA) SS: COUNTY OF LAKE )

BEFORE ME a Notary Public authorized to take acknowledgement in the State and County sot forth above, personally appeared JAMES MICHAEL RAY by proof of Florida Drivers License, who has executed the foregoing Articles of Incorporation and he has acknowledged before me that he has executed these Articles.

IN WITNESS WHEREOF, I have hereunto set my hand and seal 2-2 h day of May, 1995. in the State and County aforesaid this

My Commission Expires:

LINDA K. TUTTLE Notary Public, State of Florida My Comm. expires July 29, 1996 Comm. No. CC218745

### CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE SERVICE OF PROCESS WITHIN THIS STATE NAMING AGENT WHOM THE PROCESS MAY BE SERVED

In pursuance of Chapter 48.091, Florida Statutos, the following is submitted in compliance with this Act:

FIRST: SOUTH LAKE ORTHOPEDIC ASSOCIATES, INC., desiring to organize under the laws of the State of Florida with its principal office as indicated in the Articles of Incorporation:

702 W. Montrose Street Clermont, FL 34711

SECOND: The name of the initial Registered Agent of this Corporation is:

JAMES MICHAEL RAY

as its agent to accept service of process within the state.

# ACKNOWLEDGMENT:

Having been named to accept service of process for the above stated Corporation, at place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provisions of this Act relative to keeping this office.

MES MICHAEL RAY

ECRETARY OF STATE STATE AHASSEE FLORID