

1201 HAYS STREET  
TALLAHASSEE, FL 32304  
904-222-9177  
0-800-342-8086

800-342-8086

**CSO networks**  
PRESTIGE HEALTH  
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 631172 00749B

AUTHORIZATION :

COST LIMIT : 0 PREPAID

ORDER DATE : July 5, 1995

ORDER TIME : 2:14 PM

ORDER NO. : 631172

CUSTOMER NO: 00749B

CUSTOMER: Jack O. Hackett, II, Esq  
FARR FARR EMERICH BIFRIT AND  
HACKETT, PA

115 West Olympia Avenue  
Punta Gorda, FL 33950

700001530407  
-07/06/95--01006--001  
\*\*\*\*122.50 \*\*\*\*122.50

DOMESTIC FILING

NAME: PRIME CARE OUTPATIENT CENTERS,  
INC.

☒ ARTICLES OF INCORPORATION  
☐ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☒ CERTIFIED COPY  
☐ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angela Lane

EXAMINER'S INITIALS: \_\_\_\_\_

T. BROWN JUL - 6 1995

FILED  
95 JUL - 5 AM 11:18  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

ARTICLES OF INCORPORATION  
OF  
PRIME CARE OUTPATIENT CENTERS, INC.

FILED  
95 JUL -5 AM 11:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I.

The name of this corporation is Prime Care Outpatient Centers, Inc. Its principal place of business is Wilshire Walk Plaza II, 425 Cross Street, Punta Gorda, Florida 33950, and its mailing address is 713 E. Marion Avenue, Suite 205, Punta Gorda, Florida 33950.

ARTICLE II.

This corporation shall have perpetual existence or shall exist until dissolved by operation of law.

ARTICLE III.

This corporation is organized for the following purposes: To carry on any business, occupation, undertaking or enterprise and to exercise any power or authority which may be done by a private corporation organized and existing under and by virtue of Florida Statutes, Chapter 607 (1993), as amended from time to time and it being the intention that this corporation may conduct and transact any business lawfully authorized and not prohibited by Florida Statutes, Chapter 607 (1993) as amended from time to time.

ARTICLE IV.

This corporation is authorized to issue TEN THOUSAND shares of common stock having a par value of \$.01 each, all of which shall be fully paid and non-assessable.

ARTICLE V.

The street address of the initial registered office of this corporation is 713 E. Marion Avenue, Suite 205, Punta Gorda, Florida 33950, and the name of the initial registered agent of this corporation at that address is LUIS D. BERRIOS, M.D.

ARTICLE VI.

The business of this corporation shall be conducted by a board of directors which shall consist of one or more members, the exact number of said board of directors to be fixed from time to time by the bylaws of this corporation.

ARTICLE VII.

The name and post office addresses of the initial board of directors, the president, vice-president, secretary and treasurer who shall hold office for the first year of the existence of the corporation or until their successors are elected or appointed and have qualified, are as follows:

<u>DIRECTORS</u>	<u>ADDRESS</u>
LUIS D. BERRIOS, M.D.	713 E. Marion Avenue, Ste 205 Punta Gorda, FL 33950

<u>OFFICERS</u>	<u>TITLE</u>	<u>ADDRESS</u>
LUIS D. BERRIOS, M.D.	President/Secretary and Treasurer	713 E. Marion Avenue, Ste 205 Punta Gorda, FL 33950

ARTICLE VIII.

The names and addresses of the incorporators are as follows:

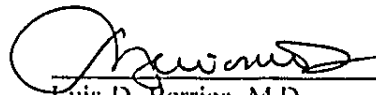
<u>INCORPORATOR</u>	<u>ADDRESS</u>
LUIS D. BERRIOS, M.D.	713 E. Marion Avenue, Ste 205 Punta Gorda, FL 33950

ARTICLE IX.

The name and address of each subscriber to the shares of stock of the corporation and a statement of the number of shares of stock which each agrees to take are as follows:

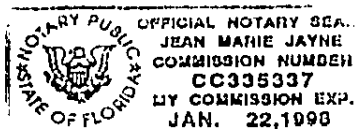
<u>NAME</u>	<u>NO. OF SHARES</u>	<u>ADDRESS</u>
LUIS D. BERRIOS, M.D.	100	713 E. Marion Avenue, Ste 205 Punta Gorda, FL 33950

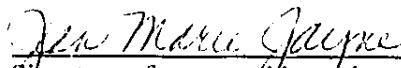
IN WITNESS WHEREOF, we, the undersigned, have made, subscribed and acknowledged these articles of incorporation, this 28 day of June, 1995.

  
Luis D. Berrios, M.D.  
INCORPORATOR

STATE OF FLORIDA  
COUNTY OF CHARLOTTE

The foregoing instrument was acknowledged before me this 28 day of June, 1995 by LUIS D. BERRIOS, M.D., who is personally known to me or who has produced \_\_\_\_\_ as identification 7-11



  
Signature of person taking acknowledgment  
JEAN MARIE JAYNE  
Name typed, printed or stamped  
\_\_\_\_\_  
Title or Rank  
\_\_\_\_\_  
Serial number, if any  
\_\_\_\_\_

**CERTIFICATE  
DESIGNATING PLACE OF BUSINESS OR DOMICILE  
FOR THE SERVICE OF PROCESS WITHIN THIS STATE,  
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.**

FILED  
95 JUL -5 AM 11:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to Florida Statutes, Section 48.091 (1993), the following is submitted, in compliance therewith:


First: That, Prime Care Outpatient Centers, Inc., desiring to organize under the laws of the State of Florida, with its principal office, as indicated in the articles of incorporation, at City of Punta Gorda, County of Charlotte, State of Florida, has named:

**LUIS D. BERRIOS, M.D.**

located at 713 E. Marion Avenue, Suite 205, Punta Gorda, County of Charlotte, State of Florida, as its agent to accept service of process within this state.

**PRIME CARE OUTPATIENT CENTERS, INC., a  
Florida corporation**

By:



Luis D. Berrios, M.D., President

**ACCEPTANCE**

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 provision of said law relative to keeping open said office.



Luis D. Berrios, M.D.  
Registered Agent