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corporation Name(s) & DOCUMENT NUMBER(S), (if known):  1. Matilla Jamely Medical Cent Inc.								
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	Profit  NonProfit  Limited Liability		Amendment Resignation of R.A., Officer/ Di	rector	3C -10.	10001968 /08/9601156- **131.25 ****	020 3383	
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I	OTHER FILINGS Annual Report		REGISTRATION/					
	Fictitious Name Name Reservation		Foreign Limited Partnership					
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			Other					

Examiner's Initials

**FOCT 1 1 1996** 

# CERTIFICATE OF INCORPORATION

**OF** 

# UMATILLA FAMILY MEDICAL CENTER, INC.

WE THE UNDERSIGNED hereby associate ourselves together for the purpose of becoming a corporation under the laws of the State of Florida, by and under provisions of the Statutes of the State of Florida, providing for the formation, liability, rights, privileges and immunities of a corporation for profit.

### **ARTICLE I**

The name of the corporation shall be UMATILLA FAMILY MEDICAL CENTER, INC.

#### **ARTICLE II**

The general nature of the business to be transacted to engage in any activity or business permitted under the laws of the United States and the State of Florida, including the purchasing and selling of any real estate or personal property, or contracts for the same, and to have, and to exercise such general corporation powers as is now or may hereafter be given corporations organized under Chapter 607 and 608 Florida Statutes 1953, and amendments thereto.

#### ARTICLE III

This corporation shall exist in perpetuity.

# ARTICLE IV

Every shareholder upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds shall have the right to purchase his pro rata share thereof at the price at which it is offered to others.

# ARTICLE V

The minimum number of shares of stock with the nominal or par value that the corporations authorized to have outstanding at any time, together with the distinguishing characteristics of each and the nominal or par value of shares of stock are as follows:

- A. The total authorized capital stock of this corporation is 100,000 SHARES.
- B. All of the stock shall be common and shall be fully paid and nonassessable and payable in cash, property, labor, or services.

#### ARTICLE VI

The amount of capital with which this corporation shall commence business is ONE THOUSAND U.S. DOLLARS (\$1,000.00).

#### **ARTICLE VII**

The principle place of business of said corporation shall be 182 N. CENTRAL AVENUE, COUNTY OF LAKE, CITY OF UMATILLA, STATE OF FLORIDA, 32784

with the privilege of having branch offices at any other place or places within or without the State of Florida.

#### **ARTICLE VIII**

The number of directors of the corporation shall be not less than one (1) and not more than seven (7).

#### **ARTICLE IX**

The name and post office address of the Board of Directors of this corporation who shall hold office for the first year of the corporation's existence or until their successors are elected and have qualified, shall be:

KAREN L. SPICER, 115 EAST BURLEIGH BOULEVARD, TAVARES, FLORIDA 32778

# ARTICLE !X (Coof'd) R. JERRY SPICER, 115 EAST BURLEIGH BOULEVARD, TAVARES, FLORIDA 32778

# ARTICLE X

#### ARTICLE XI

Stockholders of this corporation may enter into such stockholders' and trustees' agreements as they may see fit wherein and whereby such stockholders may limit their voting rights by virtue of such agreements.

#### **ARTICLE XII**

The resident agent for the corporation is R. JERRY SPICER, 115 EAST BURLEIGH BOULEVARD, COUNTY OF LAKE, CITY OF TAVARES, FLORIDA 32778.

IN WITNESS WHEREOF, we have hereunto set our hands and seals and acknowledge the same for the filing in the office of the Secretary of State, State of Florida, this 16th day of SEPTEMBER, A.D. 1996.

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STATE OF FLORIDA **COUNTY OF LAKE** 

BEFORE ME, the undersigned authority, authorized to administer oaths and to take acknowledgments personally appeared KAREN L. SPICER AND R. JERRY SPICER, to me well known and known to me to be the person or persons described herein, or who produced as identification, who executed the foregoing CERTIFICATE OF INCORPORATION, and severally and/or individually acknowledged before me that he/she/they signed the same for the purposes herein stated.

(NOTARY SEAL)

WITNESS my hand and official =1 on this 24 day of October

Print Name of Notary Public

Commission No.:

My Commission Expires:

ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT OF UMATILLA FAMILY MEDICAL CENTER, INC.

The undersigned, designated in the Articles of Incorporation of UMATILLA FAMILY MEDICAL CENTER, INC., as its initial Registered Agent in the State of Florida on whom process may be served: 115 East Burleigh Poulevard, Tavares, Florida 32778, hereby accepts said appointment as Registered Agent simultancously with being so designated.

EXECUTED at Tavares, Florida this 4th day of October 1996.