P96000086904

TRANSMITTAL LETTER

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

SUBJECT: AMERICAN MEDICAL SERVICES OF OCALA, INC.
(Proposed corporate name - must include suffix)

400001969864
-10/09/96--01079--010
*****70.00 *****70.00

Enclosed is an original and one(1) copy of the articles of incorporation and a check for .

☒ $70.00 Filing Fee

☐ $78.75 Filing Fee & Certificate

☐ $122.50 Filing Fee & Certified Copy

☐ $131.25 Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: THERESA COLE
Name (Printed or typed)

1255 NE 20 STREET
Address

OCALA, FLORIDA 34470
City, State & Zip

(352) 383-8875 or (352) 620-8774
Daytime Telephone number

FILED
96 OCT 22 PM 1:19

624-
W96-21630

NOTE: Please provide the original and one copy of the articles.

10/22/96

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 OCT 22 PM 1:19

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 11, 1996

THERESA COLE
1255 NE 20 STREET
OCALA, FL 34470

SUBJECT: AMERICAN MEDICAL SERVICES OF OCALA, INC.
Ref. Number: W96000021630

We have received your document for AMERICAN MEDICAL SERVICES OF OCALA, INC. and your check(s) totaling $70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must include original signatures.

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) 487-6973.

Claretha Golden
Document Specialist

Letter Number: 296A00046479

ARTICLES OF INCORPORATION

FILED
SECRETARY OF STATE
CORPORATIONS

96 OCT 22 PM 1:19

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

ARTICLE I NAME

The name of the corporation shall be:

AMERICAN MEDICAL SERVICES OF OCALA, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1012 E. SILVER SPRINGS BLVD.
SUITE B-8
OCALA, FLORIDA 34470

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

THERESA COLE
1255 NE 20TH STREET
OCALA, FLORIDA 34470

ARTICLE V· INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

THERESA COLE
1255 NE 20TH STREET
OCALA, FLORIDA 34470

DWIGHT COLE
1255 NE 20TH STREET
OCALA, FLORIDA 34470

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

1ST day of OCTOBER , 19 96 .

(An additional article must be added if an effective date is requested.)

Theresa Cole
Signature

Dwight Dale Cole
Signature

Signature

Notarization is not required

NOTE: Affixing an officer title afte. a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: AMERICAN MEDICAL SERVICES OF OCALA, INC.

1012 E. SILVER SPRINGS BLVD.

OCALA, FLORIDA 34470

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

THERESA COLE
(NAME)

1255 NE 20TH STREET

(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

OCALA, FLORIDA 34470
(CITY/STATE/ZIP)

FILED
96 OCT 22 PM 1:19
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Theresa Cole
(SIGNATURE)

October 17, 1996
(DATE)

October 17, 1996

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314