

# P97000015992

## 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

No. 53451

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 \$ \_\_\_\_\_

FILED

97 FEB 19 PM 4:28  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

W97-4084

FEB 19 1997

| REQUEST | TAKEN     | CONFIRMED | APPROVED |
|---------|-----------|-----------|----------|
| DATE    |           |           |          |
| TIME    |           |           | CK No.   |
| BY      | <i>AA</i> |           |          |

WALK-IN  
 Will Pick Up *2/19 230*

RE: *Robert Medical*

*Loftin Medical Management Company, Inc.*

|   | C.C. FEE. | DISBURSED |
|---|-----------|-----------|
| <input checked="" type="checkbox"/> Capital Express™  |           |           |
| <input checked="" type="checkbox"/> Art. of Inc. File |           |           |
| <input type="checkbox"/> Corp. Record Search          |           |           |
| <input type="checkbox"/> Ltd. Partnership File        |           |           |
| <input type="checkbox"/> Foreign Corp. File           |           |           |
| <input checked="" 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         |           |           |
| 100002092181--2                                       |           |           |
| <input type="checkbox"/> Name Reservation             |           |           |
| <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



RECEIVED

96 FEB 19 PM 3:54

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

February 19, 1997

CAPITAL CONNECTION  
P.O. BOX 10349  
TALLAHASSEE, FL 32302

SUBJECT: LOFTIN MEDICAL MANAGEMENT COMPANY, INC.  
Ref. Number: W97000004084

We have received your document for LOFTIN MEDICAL MANAGEMENT COMPANY, 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):

The designation of the registered agent must be at a Florida street address.

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) 487-6928.

Agnes Lunt  
Corporate Specialist

Letter Number: 697A00008907

*Pls. file  
2/19*

**ARTICLES OF INCORPORATION**

**OF**

**Loftin Medical Management Company, Inc.**

**FILED**

**97 FEB 19 PM 4: 29**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

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: Loftin Medical Management Company, Inc.

**ARTICLE II - PRINCIPAL OFFICE**

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

9871 Oaks Lane  
Seminole, Florida 33772

**ARTICLE III - SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: Sixty (60) shares at no par value.

**ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Martin P. Marcus  
Seminole, Florida 33772

**ARTICLE V - INCORPORATORS**

The name and street address of the incorporator of these Articles of Incorporation is:

Martin P. Marcus  
Seminole, Florida 33772

The undersigned incorporator has executed these Articles of Incorporation this 27<sup>th</sup> day of JANUARY, 1997.

  
Martin P. Marcus

**CERTIFICATE OF DESIGNATION OF**

**FILED**

**REGISTERED AGENT/REGISTERED OFFICE OF** 97 FEB 19 PM 4:29

**Loftin Medical Management Company, Inc.** SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, 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: Loftin Medical Management Company, Inc.
2. The name and address of the registered agent and office is:

Martin P. Marcus  
Seminole, Florida 33772  
9871 Oaks Lane

*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.*

  
Signature

1.27.97  
Date