

# TRANSMITTAL LETTER

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DEPT. OF STATE  
CORPORATIONS  
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**ARTICLES OF INCORPORATION  
OF  
SUNMED HEALING & INJURY CENTER, INC.**

*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 **SUNMED HEALING & INJURY CENTER, INC.**

**ARTICLE II - PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be **SUNMED HEALING & INJURY CENTER, INC. ,  
3919 SE LAKE WEIR AVENUE, OCALA, FL 34471.**

**ARTICLE III - DURATION**

This corporation shall have perpetual existence commencing on the date of this filing of these Articles with the Department of State.

**ARTICLE IV- PURPOSE**

This corporation is organized for the purpose of transacting any or all lawful business for which corporations may be incorporated under Chapter 607, Florida Statutes, as now exists or may hereafter be amended.

**ARTICLE V - CAPITAL STOCK**

This corporation is authorized to issue 100 shares of One dollar (\$1.00) par value common stock which shall be designated as "Common Shares".

#### **ARTICLE VI - PREEMPTIVE RIGHTS**

Every shareholder, upon the sale for cash of any new stock of this corporation, shall have the right to purchase his pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

#### **ARTICLE VII - INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name of the initial registered agent is CHARLES PRESTIPINO and the address of the initial registered office of this incorporation 3919 SE LAKE WEIR AVENUE, OCALA, FL 34471. The principal office and its mailing address are the same as for the registered agent.

#### **ARTICLE VIII - INITIAL BOARD OF DIRECTORS**

This corporation shall have two Directors constituting the initial Board of Directors. The number of directors may be either increased or decreased from time to time by the bylaws; however, there shall never be less than one Director.

The name(s) and address(es) of the initial Board of Directors of the corporation is(are):

<u>NAME</u>	<u>ADDRESS</u>
CHARLES PRESTIPINO	3919 SE LAKE WEIR AVENUE, OCALA, FL 34471
BRENDA SCHAFSTALL	3919 SE LAKE WEIR AVENUE, OCALA, FL 34471

#### **ARTICLE IX - INCORPORATOR(S)**

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

<u>NAME</u>	<u>ADDRESS</u>
CHARLES PRESTIPINO	3919 SE LAKE WEIR AVENUE, OCALA, FL 34471
BRENDA SCHAFSTALL	3919 SE LAKE WEIR AVENUE, OCALA, FL 34471


## ARTICLE X - INDEMNIFICATION

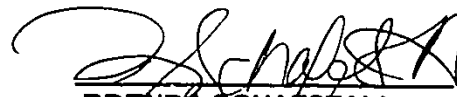
This corporation shall indemnify any officer or director or any former officer or director, to the full extent permitted by law.

## ARTICLE XI - AMENDMENT

This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, or any amendment hereto, by a majority vote of the Board of Directors, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 23<sup>rd</sup> day of April, 1997.

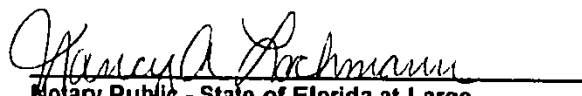
  
CHARLES PRESTIPINO

  
BRENDA SCHAFSTALL

STATE OF FLORIDA, COUNTY OF MARION

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared CHARLES PRESTIPINO known to be and known by me to be the person(s) who executed the foregoing Articles of Incorporation, or who produced \_\_\_\_\_ as identification, and he(she) acknowledged before me that he(she) executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have set my hand and seal in the State and County above, this 23<sup>rd</sup> day of April, 1997.

  
Notary Public - State of Florida at Large  
nka Nancy A. Martino



STATE OF FLORIDA, COUNTY OF MARION

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared BRENDA SCHAFSTALL known to be and known by me to be the person(s) who executed the foregoing Articles of Incorporation, or who produced \_\_\_\_\_

\_\_\_\_\_ as identification, and ~~he~~ (she) acknowledged before me that ~~he~~ (she) executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have set my hand and seal in the State and County above, this 23<sup>rd</sup> day of April, 1997.

Nancy A. Lochmann  
Notary Public - State of Florida at Large  
nka Nancy A. Martino



NANCY A. LOCHMANN  
COMMISSION # CC 537488  
EXPIRES MAR 5, 2000  
BONDED THRU  
ATLANTIC BONDING CO., INC.

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

FILED  
STATE  
CLERK  
OFFICE  
TALLAHASSEE, FL  
APR 23 1997

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 OFFICER/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:  
SUNMED HEALING & INJURY CENTER, INC.

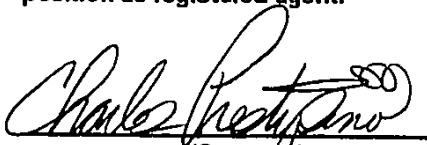
2. The name and address of the registered agent and office is:

CHARLES PRESTIPINO

3919 SE LAKE WEIR AVENUE

OCALA, FL 34471

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)

4/23/97  
(DATE)

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