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TRANSMITTAL LETTER

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

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-04/29/97--01022--014
*****78.75 *****78.75

SUBJECT: SUNMED HEALING & INJURY CENTER, INC.

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

\$122.50
Filing Fee &
Certified Copy
Additional Copy Required

\$131.25
Filing Fee &
Certified Copy

12:00:00 PM 04/29/97
Division of Corporations

FROM: CHARLES PRESTIPINO & BRENDA SCHAFSTALL
Name (printed or typed)

3919 SE LAKE WEIR AVENUE
Address

OCALA, FL 34471
City, State, Zip

Daytime Telephone Number

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

04/30/97

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

FILED
STATE
CORPORATIONS
97 APR 22 PM 12:21

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 23rd day of April, 1997.

Charles Prestipino
CHARLES PRESTIPINO

Brenda Schafstall
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 23rd 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.

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 23rd 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**

STATE OF FLORIDA
DIVISION OF CORPORATIONS
STATE OF FLORIDA

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