

P98000000404
TRANSMITTAL LETTER

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

FILED
91 DEC 31 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Community Medical Center of Orlando, Inc.
(Proposed corporate name - must include suffix)

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: Mulva Pearson
Name (printed or typed)

6388 Silver Star Road, Suite 1A
Address

Orlando, Florida 32818
City, State & Zip

407-831-9369
Daytime Telephone number

400002387684--E
-12/31/97--01087--009
****131.25 ****131.25

MAILING Address:
P.O. Box 681295
Orlando, FL
32868

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

CP
1-5-98

ARTICLES OF CORPORATION
OF
Community Medical Center, Inc.

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the state of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

Community Medical Center of Orlando, Inc.

The address of the principal office of this corporation shall be, 6388 Silver Star Road, Suite 1A, Orlando, Florida 32818 and the mailing address of the Corporation shall be the same.

ARTICLE II. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 5,000 shares of common stock having \$1.00 par value per share.

ARTICLE III. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be, 6388 Silver Star Road, Suite 1A, Orlando, Florida 32818 and the name of the initial registered agent of the corporation at that address is Mulva Pearson.

ARTICLE IV. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V. INCORPORATOR

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

Mulva Pearson
6388 Silver Star Road, Suite 1A
Orlando, Florida 32818

By: Mulva Pearson
Mulva Pearson

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**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: Community Medical Center of Orlando, Inc.

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

Mulva Pearson

(NAME)

6388 Silver Star Road, Suite 1A

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

Orlando, Florida 32818

(CITY/STATE/ZIP)

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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)

12/30/97
(DATE)

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