

TRANSMITTAL LETTER

P9800000 44494

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

200002514372--6
-05/06/98-01137-011
*****78.75 *****78.75

SUBJECT: PRIMARY CARE CLINIC CORPORATION
LAKE MARY GENERAL PRACTICE P.A.
(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 MAY 18 AM 10:12

FROM: SHERI L. CLARY
Name (printed or typed)
531 ESTATES PLACE
Address
LONGWOOD, FL 32779
City, State & Zip
(407) 321-5303
Daytime Telephone number

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

RP
051598



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 8, 1998

SHERI L. CLARY
531 ESTATES PLACE
LONGWOOD, FL 32779

SUBJECT: LAKE MARY GENERAL PRACTICE, P.A.
Ref. Number: W98000010457

We have received your document for LAKE MARY GENERAL PRACTICE, P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

Please return the original and one copy of 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 (850) 487-6929.

Randall Purintun
Document Specialist

Letter Number: 998A00025503

call after filing

ARTICLES OF INCORPORATION

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:

PRIMARY CARE CLINIC CORPORATION

ARTICLE II PRINCIPAL OFFICE

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

DRIFTWOOD VILLAGE SUITE 204
3551 W. LAKE MARY BLVD.
LAKE MARY, FL 32746

ARTICLE III SHARES

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

ONE THOUSAND (1,000) SHARES AT ONE DOLLAR (\$1.00) PER SHARE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Farideh A. Zadeh
Suite 204 Driftwood Village
3551 W. Lake Mary Blvd.
Lake Mary, FL 32746

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98 MAY 18 AM 10:12

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):

JAMES K. CLARY,
531 ESTATES PLACE
LONGWOOD, FL 32779

Farideh A. Zadeh
208 Wimbledon Circle
Heathrow, FL 32746

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

1st day of May, 19 98.



Signature



Signature

Signature

NOTE: Affixing an officer title after 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: Primary Care Clinic Corporation

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

Farideh A. Zadeh, M.D.

(NAME)

3551 W. Lake Mary Blvd.
Driftwood Village Suite 204

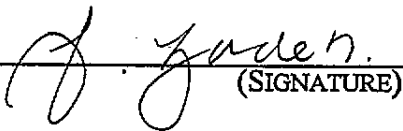
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Lake Mary, FL 32746

(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)

5-1-98

(DATE)