

P98000049911

TRANSMITTAL LETTER

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JUN -4 AM 9:45

SUBJECT: The Birth Center of Ocala, Inc.
(Proposed corporate name - must include suffix)

400002547584--5
-06/04/98--01009--014
****131.25 ****131.25

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: Mirine R. Dye
Name (Printed or typed)

9520 SW 19th Ave Road
Address

Ocala Florida 34476
City, State & Zip

(352) 873-7011
Daytime Telephone number

fax (352) 873-7227

5/1
6/4

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

**Articles of Incorporation
of
The Birth Center of Ocala, Inc.**

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98 JUN -4 AM 9:15

**I.
Name**

The name of the Corporation is The Birth Center of Ocala, Inc., hereinafter referred to as the "Corporation."

**II.
Purposes**

The purpose of the Corporation is to transact any and all lawful business for which corporations may be incorporated under the laws of the State of Florida, as they may be amended from time to time.

**III.
Principal Office and Registered Agent**

The principal office of the Corporation is 207 S.E. 8th Street, Ocala, Florida 34474. The Corporation may maintain offices and/or transact business at other locations, either within or without the State of Florida. The name and address of the registered agent for service of process upon the Corporation is Mirine R. Dye, 207 S.E. 8th Street, Ocala, Florida 34474.

**IV.
Duration**

The duration of the Corporation shall be perpetual.

**V.
Initial Business**

The initial business of the Corporation shall be: TO OPERATE BIRTHING CENTERS

VI.
Capital Stock

The Corporation is authorized to issue only one class of shares of stock which shall be designated Common Stock. The total number of shares the Corporation shall have authority to issue is 100, each share to have a par value of \$ 1.00.

VII.
Incorporators

The names and mailing addresses of the incorporators are:

<u>Incorporator Name</u>	<u>Incorporator Address</u>
Mirine R. Dye	9520 S.W. 19th Avenue Ocala, Fl 34476

VIII.
Directors

The number of directors constituting the initial Board of Directors of the Corporation is: 1. The name(s) and address(es) of the person(s) who is/are appointed to act as the initial director(s) of the Corporation is/are:

<u>Director Name</u>	<u>Director Address</u>
Mirine R. Dye	9520 S.W. 19th Avenue Ocala, Fl 34476

IX.

No Personal Liability

The private property of the stockholders shall not be subject to the payment of corporate debts.

X.

Operating Provisions

The provisions for the operation, regulations, and management of the business and internal affairs of the Corporation shall be as set forth in the Bylaws, which may be amended from time to time by a majority vote of a quorum of the Board of Directors.

XI.

Fiscal Year

The fiscal year of the Corporation shall be from Jan. 1 to Dec. 31 of each year.

IN WITNESS WHEREOF, we have hereunto set our hands and seals on this, the 1st day of June, 19 98.

Mirine R. Dye

Mirine R. Dye
Incorporator

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CERTIFICATE OF DESIGNATION

REGISTERED AGENT / REGISTERED OFFICE

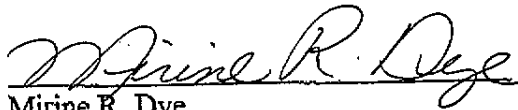
Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office and the registered agent, in the State of Florida.

1. The name of the corporation is The Birth Center of Ocala, Inc.
2. The name and address of the registered agent and office is:

Mirine R. Dye
207 SE 8th Street
Ocala, FL 34474


Mirine R. Dye
Incorporator and Director
Date: June 1, 1998

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.


Mirine R. Dye
Date: June 1, 1998

State of Florida

County of Marion

BEFORE ME, the undersigned authority, on this day personally appeared Mirine Dye, known to me to be the person described in, and whose name is subscribed to the foregoing document, who on oath stated to me that he/she executed the same for the purposes and consideration therein expressed.

SUBSCRIBED AND SWORN TO BEFORE ME this the 2 day of June, 1998.



Stephanie M. Spink
MY COMMISSION # CC683284 EXPIRES
September 23, 2001
BONDED THRU TROY FAIN INSURANCE, INC.

Stephanie M. Spink
Notary Public in and for the STEPHANIE M SPINK
State of FLORIDA

My Commission Expires: Sept 23, 2001

State of FLORIDA

County of Marion

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