

P98000060260

TRANSMITTAL LETTER

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

900002580919--6
-07/06/98--01118--015
****122.50 ****122.50

SUBJECT: Tennessee Medical Corporation FLORIDA
(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 MR. PETER M. LOCK

Name (Printed or typed)

43, BIMINI COVE DRIVE

Address

OCEAN RIDGE FLORIDA 33435

City, State & Zip

1 561 738 6659

Daytime Telephone number

Peter Lock

GAVE

AUTHORIZATION BY PHONE TO

CORRECT Double suffix

DATE 7-8-98

DOC. EXAM W

FILED
98 JUL -6 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

W 7-8-98

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

TENNESSEE MEDICAL CORPORATION FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

43 BIMINI COVE DRIVE, OCEAN RIDGE, FLORIDA 33435

ARTICLE III SHARES

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

1,000,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

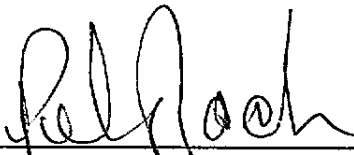
The name and Florida street address of the initial registered agent are:

PETER M. LOCK 43 BIMINI COVE DRIVE, OCEAN RIDGE FLORIDA 33435.

ARTICLE V INCORPORATOR

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

PETER M. LOCK 43, BIMINI COVE DRIVE, OCEAN RIDGE FLORIDA 33435



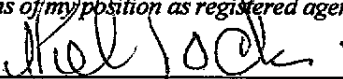
Signature/Incorporator

1st. JULY 1998

Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

1st July 1998

Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA