

P9900084061

TRANSMITTAL LETTER

FILED  
99 SEP 20 PM 5:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

800002991358--1  
-09/20/99--01102--004  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: Gold Cross Medical Group, 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

<sup>No</sup>  
☒ \$78.75  
Filing Fee &  
Certificate of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Charles A. Newland  
Name (Printed or typed)

292 E. Constance Drive  
Address

DeBary, FL 32713  
City, State & Zip

407-668-7049 or 800-676-5383

Daytime Telephone number

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

## 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:

Gold Cross Medical Group, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

292 E. Constance Drive

DeBary, FL 32713

Mailing Address: P.O. Box 246, DeBary, FL 32713

### 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)

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Charles A. Newland

292 E. Constance Drive

DeBary, FL 32713

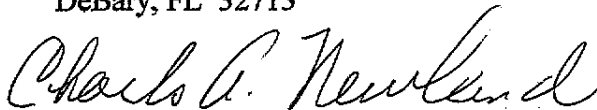
### ARTICLE V INCORPORATOR

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

Charles A. Newland

292 E. Constance Drive

DeBary, FL 32713



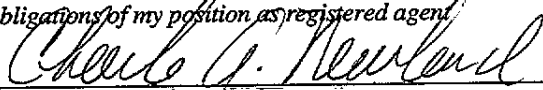
Signature/Incorporator

9-15-99

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

9-15-99

Date

FILED  
99 SEP 20 PM 5:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA