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FILED
99 OCT 11 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

700003010957--6
-10/11/99--01067--018
*****70.00 *****70.00

SUBJECT:

Enclosed is an original and one (1) copy of the articles of incorporation and a check for \$70.00

FROM:

MARION OAKS MEDICAL CLINIC OF CENTRAL FLORIDA, INC.
ANTHONY E. OKOH, M.D.
128 MARION OAKS BLVD.
SUITE 101
OCALA, FL. 34473

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

D. BROWN OCT 14 1999

ARTICLES OF INCORPORATION

OF

MARION OAKS MEDICAL CLINIC OF CENTRAL FLORIDA, INC.

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: MARION OAKS MEDICAL CLINIC OF CENTRAL FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE

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

128 MARION OAKS BLVD.
SUITE 101
OCALA, FL. 34473

ARTICLE III PURPOSE OF CORPORATION

The purpose of this corporation is to provide medical care to the public of central Florida.

ARTICLE IV SHARES

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

1000 Shares

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is

ANTHONY E. OKOH, M.D.
128 MARION OAKS BLVD.
SUITE 101
OCALA, FL. 34473

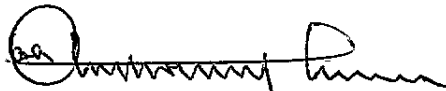
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ARTICLE VI INCORPORATOR(S)

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

ANTHONY E. OKOH, M.D.
128 MARION OAKS BLVD.
SUITE 101
OCALA, FL. 34473

The undersigned incorporator has executed these Articles of Incorporation this 1st day of September, 1999

A handwritten signature in black ink, appearing to read 'Anthony E. Okoh', written over a horizontal line.

Signature

Article of Incorporation

Filing Fee - \$35

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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 statements in designating the registered office/registered agent, in the state of Florida

1. The name of the corporation is:

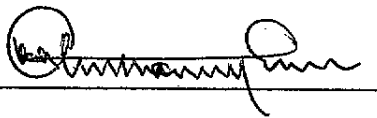
MARION OAKS MEDICAL CLINIC OF CENTRAL FLORIDA, INC.

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

ANTHONY E. OKOH, M.D.
128 MARION OAKS BLVD.
SUITE 101
OCALA, FL. 34473

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



DATE

9/23/99

REGISTERED AGENT FILING FEE \$35.00

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