

TRANSMITTAL LETTER

P99000090725

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

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-09/30/99--01041--011
*****87.50 *****87.50

C.C. CH

SUBJECT: CITY OF LAKES MEDICAL CENTER, PROFESSIONAL ASSOCIATION
(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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

LITHIUM LIN

Name (Printed or typed)

1266 MARINA POINT #108

Address

CASSELBERRY, FL 32707

City, State & Zip

(407) 657-2618

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 OCT 11 PM 2:22

FILED

F. CHESLER OCT 4 1999

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

W 99-22824
R A accept.



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

October 4, 1999

LITHIUM LIN
1266 MARINA POINT #108
CASSELBERRY, FL 32707

SUBJECT: CITY OF LAKES MEDICAL CENTER, PROFESSIONAL
ASSOCIATION
Ref. Number: W99000022824

We have received your document for CITY OF LAKES MEDICAL CENTER, PROFESSIONAL ASSOCIATION and your check(s) totaling \$87.50. 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.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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) 487-6904.

Freida Chesser
Corporate Specialist

Letter Number: 399A00048014

Articles of Incorporation
of
City of Lakes Medical Center, Professional Association

1. Name.

The name of the Professional Association is City of Lakes Medical Center, Professional Association.

2. Principal Office and Registered Agent.

Its registered office in the State of Florida is 1266 Marina Point #108, Casselberry, Florida 32707, in the City of Casselberry, County of Seminole. The name of its registered agent at such address is Lithium Lin.

3. Purposes.

The purpose for which the Professional Association is organized is to engage in the licensed practice of medicine under regulation of the Florida Department of Professional Regulation. No officer, shareholder, employee, or agent shall practice any other occupation on behalf of, or in the name of, this Professional Association, except to the extent allowed by Florida law. No person shall become shareholder of this Professional Association who does not possess a license to engage in the same occupation for which this Professional Association is organized except to the extent allowed by law. Should any such person lose the license to so practice, that person shall immediately sever all employment with, and financial interests in, this Professional Association.

4. Capital Stock.

The total number of shares of capital stock that the Professional Association shall have authority to issue is 100, all of which are to be common stock with no par value.

5. Incorporator.

The name and mailing address of the incorporator is: Lithium Lin, 1266 Marina Point #108, Casselberry, Florida 32707.

6. Existence.

The Professional Association is to have perpetual existence.

7. Liability of Stockholders.

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 OCT 11 PM 2:22

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I, THE UNDERSIGNED, the incorporator hereinbefore named, for the purpose of forming a Professional Association under Florida's Professional Service Corporation Act, do make this Articles of Incorporation, hereby declaring and certifying that this is my act and deed and the facts herein stated are true, and accordingly have hereunto set my hand this 6th day of October, 1999.



Lithium Lin

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: CITY OF LAKES MEDICAL CENTER,
PROFESSIONAL ASSOCIATION

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

LITHIUM LIN

(Name)

1266 MARINA POINT #108

(P.O. Box NOT acceptable)

CASSELBERRY FL 32707

(City/State/Zip)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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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 

DATE 10/6/99