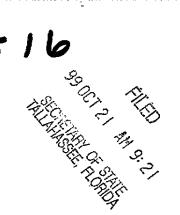
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TRANSMITTAL LETTER



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

800003021178--5 -10/21/99--01077--009 \*\*\*\*\*\*78.75 \*\*\*\*\*\*78.75

OCT 2 5 1999

CW

SUBJECT: \_ (Proposed corporate name - must include suffix) Enclosed is an original and one(1) copy of the articles of incorporation and a check for: \$87.50 \$78.75 \$70.00 \$78.75 Filing Fee, Filing Fee Filing Fee Filing Fee & Certified Copy & Certified Copy Certificate of & Certificate Status ADDITIONAL COPY REQUIRED TAVARES FAMILY MEDICAL CENTER 115 BURLEIGH BLVD. TAVARES, FL 32778 FROM: \_ Name (Printed or typed) Address City, State & Zip

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

Daytime Telephone number

## ARTICLES OF INCORPORATION

SOCT 21 M 9: 21

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 PRIMECARE OF LAKE COUNTY, INC.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be 356 North Central Avenue, Umatilla, Florida, 32784.

#### ARTICLE III SHARES

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

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Al Mair 1405 Hilltop Drive Mt. Dora, FL 32757

#### ARTICLE V INCORPORATOR

Laux Main

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

Karen Mair 1405 Hilltop Drive Mt. Dora, FL 32757

Karen Mair

Date

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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

Al Mair

10-20-99

Date