

P 99 000093516

TRANSMITTAL LETTER

99 OCT 21 AM 9:21
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

SUBJECT: _____
(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

ADDITIONAL COPY REQUIRED

TAVARES FAMILY MEDICAL CENTER
115 BURLEIGH BLVD.
TAVARES, FL 32778

FROM: _____
Name (Printed or typed)

Address

City, State & Zip

Daytime Telephone number

F. CHASE

OCT 25 1999

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

ARTICLES OF INCORPORATION

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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

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

Karen Mair
1405 Hilltop Drive
Mt. Dora, FL 32757

Karen Mair
Karen Mair

10-19-99
Date

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

AM

Al Mair

10-20-99

Date

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TALLAHASSEE, FLORIDA