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LOCAL REPRESENTATIVE TALLAHASSEE

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****122.50 ****122.50

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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. EL SURGICAL ASSOCIATES, P.A.
(Corporation Name) (Document #)
2. Translation: The Surgical Associates, P
(Corporation Name) (Document #)
3. (Corporation Name) (Document #)
4. (Corporation Name) (Document #)

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DIVISION OF CORPORATION

☒ Walk in ☒ Pick up time 2:00 ☒ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
X	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OTHER FILNGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

6/12

Examiner's Initials

CR2E031(9/92)

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ARTICLES OF INCORPORATION

OF

EL SURGICAL ASSOCIATES, P.A.

The undersigned incorporator, for the purpose of forming a professional association under the Florida Business Corporation Act, hereby adopt the following Articles Of Incorporation.

ARTICLE I NAME

The name of this professional association shall be:

EL SURGICAL ASSOCIATES, P.A.

ARTICLE II DURATION

This professional association shall have perpetual existence.

ARTICLE III PURPOSE

This association is organized for the purpose of providing professional medical and surgical services as permitted by law; and transacting any and all lawful business whatsoever.

ARTICLE IV CAPITAL STOCK

This association is authorized to issued FIVE HUNDRED (500) shares of ONE ($1.00) DOLLAR par value common stock.

ARTICLE V INITIAL REGISTERED OFFICE AND AGENT

The address of the initial registered office of this association and the principal office and mailing address, which are identical, is :8100 S.W. 52nd AVENUE, MIAMI, FLORIDA 33143

The name of the initial registered agent of this association is :

FRANK J. ESTEVEZ, M.D.

ARTICLE VI INITIAL BOARD OF DIRECTORS

This association should have ONE (1) DIRECTOR initially. The number of directors may be either increased or diminished from time to time by the BY-LAWS but shall never be less than one. The name and address of the initial director of this association is:

NAME	ADDRESS	OFFICE
FRANK J. ESTEVEZ, M.D.	8100 S.W. 52nd AVENUE MIAMI, FLORIDA 33143	PRESIDENT

ARTICLE VII INCORPORATOR

The name and address of the person signing these Articles is :

FRANK J. ESTEVEZ, M.D. 8100 S.W. 52nd AVENUE
MIAMI, FLORIDA 33143

ARTICLE VIII BY-LAWS

The power to adopt, alter, amend or repeal BY-LAWS shall be vested in the Board Of Directors.

ARTICLE IX POWERS

This association shall have all the corporate powers enumerated in the Florida Business Corporation Act.

ARTICLE X INDEMNITY

The association shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

ARTICLE XI AMENDMENTS

This association reserves the right to amend or repeal any provisions contained in these Articles Of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

The undersigned has executed these Articles of Incorporation this 9th day of JUNE, 1998.

FRANK J. ESTEVEZ, M.D.

TITLE: President

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned association, organized under the laws of the state of Florida, submits the following statement in designating the registerd office / registered agent, in the state of Florida.

1. The name of the association is: EL SURGICAL ASSOCIATES, P.A.

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

   Name: FRANK J. ESTEVEZ, M.D.

   Address: 8100 S.W. 52nd AVENUE, MIAMI, FLORIDA 33143

FRANK J. ESTEVEZ, M.D.

TITLE: President

DATE: JUNE 9, 1998

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ACKNOWLEDGMENT AND ACCEPTANCE

Having been named as registered agent and to accept service of process for EL SURGICAL ASSOCIATES, P.A. at place designated in this certificate, I herby 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.

FRANK J. ESTEVEZ, M.D.

DATE: JUNE 9, 1998