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THE UNITED STATES
CORPORATION
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 673265 5674A

AUTHORIZATION :

Patricia Pijoto

COST LIMIT : \$ 78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR 24 PM 4:10

ORDER DATE : April 24, 2000

ORDER TIME : 2:16 PM

ORDER NO. : 673265-005

200003221852--9

CUSTOMER NO: 5674A

CUSTOMER: Carla Wellborn, Legal Asst
KIMPTON BURKE & WHITE
KIMPTON BURKE & WHITE
Suite 100
28059 U.S. Highway 19, North
Clearwater, FL 33761

DOMESTIC FILING

NAME: NORTH PINELLAS INSTITUTE FOR
RECONSTRUCTIVE SURGERY, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Christine Lillich

EXAMINER'S INITIALS:

RECEIVED
00 APR 24 PM 3:54
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CP
4/25/00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 24 PM 4:11

ARTICLES OF INCORPORATION

OF

NORTH PINELLAS INSTITUTE FOR RECONSTRUCTIVE SURGERY, INC.

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

NORTH PINELLAS INSTITUTE FOR RECONSTRUCTIVE SURGERY, INC.

The address of the principal office of this corporation shall be 220 Alternate 19 North, Palm Harbor, Florida 34683, and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares of common stock having \$1.00 par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 28059 U.S. Highway 19 North, Suite 100, Clearwater, Florida 33761, and the name of the initial registered agent of the corporation at that address is Robert C. Burke, Jr.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. SPECIAL PROVISION

It is the intent of the Incorporator that the corporation will qualify under section 1244 of the Internal Revenue Code.

ARTICLE VII. INDEMNIFICATION

The corporation may indemnify any officer, director, employee, or agent or any officer, director, employee, or agent to the extent permitted by law.

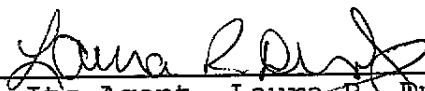
ARTICLE VIII. INCORPORATOR

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

Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301

IN WITNESS WHEREOF, the undersigned agent of
Corporation Service Company, has hereunto set
their hand and seal of Corporation Service Company
on April 24, 2000..

CORPORATION SERVICE COMPANY

By: 
Its Agent, Laura R. Dunlap

crl

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR 24 PM 4:11

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

PURSUANT TO THE PROVISIONS OF SECTION 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: NORTH PINELLAS INSTITUTE FOR
RECONSTRUCTIVE SURGERY, INC.

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

ROBERT C. BURKE, JR.
(Name)

28059 U. S. HIGHWAY 19 NORTH, SUITE 100
(P.O. Box not acceptable)

CLEARWATER, FLORIDA 33761
(City/State/Zip)

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.

RCB
(Signature)