

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (85

: (850)922-4001

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)541-3694

Fax Number : (305)541-3770

FLORIDA PROFIT CORPORATION OR P.A.

SOUTH FLORIDA SURGICAL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

South Florida Surgical, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

11877 SW 12th Place Davie, Florida 33325

ARTICLE III SHARES

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

one thousand (1000)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Wyatt Geist 11877 SW 12th Place Davie, Florida 33325

Propared by:
LAWRENCE S. TOLCHINSKY, Esq.
FLORIDA BAR #021997
2100 E. HALLLANDALE BEACH BLVD. SUITE #200
HALLANDALE, FLORIDA 33009

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ON MAY 23 MIII: 27

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ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Wyatt Geist 11877 SW 12th Place Davie, Florida 33325

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

23th day of May, 2000.

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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:

South Florida Surgical, Inc.

OO MAY 23 AMII: 27

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

Wyatt Geist 11877 SW 12th Place Davie, Florida 33325

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.

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Prepared by: LAWRENCE S. TOLCHINSKY, Esq. FI.ORIDA BAR #021997 2100 E. HALLLANDALE BEACH BLVD. SUITE #200 HALLANDALE, FLORIDA 33009