

P 00000064525
TRANSMITTAL LETTER

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

FILED
00 JUN 28 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Cardiovascular Research Associates, Inc
(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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Barbara McGhee
Name (Printed or typed)

2101 SW 20th Place
Address

Ocala, FL 34474
City, State & Zip

(352) 861-2247
Daytime Telephone number

400003307974--6
-06/28/00--01069--014
*****78.75 *****78.75

F. GLENN
JUL 5 2000

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

✓

ARTICLES OF INCORPORATION

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:

Cardiovascular Research Associates, Inc

ARTICLE II PRINCIPAL OFFICE

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

Cala Hills Professional Center
2101 SW 20th Place
Ocala, FL 34474

ARTICLE III SHARES

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

1000 Shares of Stock

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Barbara McGhee
Cala Hills Professional Center
2101 SW 20th Place, Ocala, FL 34474

ARTICLE V INCORPORATOR

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

Griselle Piferrer
Cala Hills Professional Center, 2101 SW 20th Place
Ocala, FL 34474


Signature/Incorporator

Griselle Piferrer

6.23.00
Date

(An additional article must be added if an effective date is requested.)

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


Signature/Registered Agent

Barbara A. McGhee

6-23-00
Date

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