

TRANSMITTAL LETTER

PO10000013536

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

100003633991--8  
-02/05/01--01143--012  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: Florida Keys Surgical Associates, P.A.  
(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: Orlando Morejon  
Name (Printed or typed)  
859 Narragansett Lane  
Address  
Key Largo, FL 33037  
City, State & Zip  
305-743-5577  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 FEB -5 PM 12:51

FILED

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

SeB  
2/6

②

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

Florida Keys Surgical Associates, P.A.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8151 Overseas Highway, Suite 500  
Marathon, FL 33050

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

providing medical and surgical care

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Director: Orlando Morejón, M.D.

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Orlando Morejón  
859 Narragansett Lane  
Key Largo, FL 33037

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Orlando Morejón  
859 Narragansett Lane  
Key Largo, FL 33037

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Orlando Morejón  
Signature/Registered Agent

1/31/01  
Date

Orlando Morejón  
Signature/Incorporator

1/31/01  
Date

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA