

Division of Corporations

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# P01000080142

## 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 : (850)205-0381

## From:

Account Name : CORPORATE CLEARANCE CORP.  
Account Number : I20000000011  
Phone : (718)768-5544  
Fax Number : (718)786-7077

## FLORIDA PROFIT CORPORATION OR P.A.

Surgical Specialties Corp.

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 02      |
| Estimated Charge      | \$78.75 |

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: M. McKnight AUG 15 2001

**ARTICLES OF INCORPORATION**

(H010000901115)

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:

Surgical Specialties Corp.

**ARTICLE II PRINCIPAL OFFICE**

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

5448 E. Leitner Drive  
Coral Springs, FL 33067

**ARTICLE III SHARES**

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

200 No Par Value

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

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


Steven H. Seiderman  
5448 E. Leitner Drive, Coral Springs, FL 33067

**ARTICLE V INCORPORATOR**

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

D. Lim  
Corporate Clearance Corp.  
27-51 Jackson Avenue  
Long Island City, NY 11101


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TALLAHASSEE, FLORIDA

  
Signature/Incorporator

8/14/01  
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

8/6/01  
Date

(H010000901115)