## POLODOS TRANSMITTAL)

8/25/01 Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 MEDICAC DESIGN &
Re: Construction Associate
(Name of Corporation) 300004561913--08/29/01--01044--017. \*\*\*\*\*78.75 \*\*\*\*\*78.75 Gentlemen: Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$78.75 This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation. Very truly yours. ROBERT W. Sheet N MEDICAL DESIGN MAILING ADDRESS OF CORPORATION PHONE

Area Code

Number

Ext.

T. Burch AUG 3 0 2001

## ARTICLES OF INCORPORATION

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation: ARTICLE I - CORPORATE NAME The name of the corporation is: ARTICLE II - DURATION This corporation shall exist perpetually unless dissolved according to Florida law. ARTICLE III - PURPOSE The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida. ARTICLE IV - CAPITAL STOCK The corporation is authorized to issue \_\_\_\_\_\_\_shares of common stock, par value \$ \_\_\_\_\_\_/. ARTICLE V - INITIAL PRINCIPAL OFFICE The street address of the initial principal office and, if different, the mailing address is: STREET ADDRESS **FLORIDA** ZIP 33409 Mailing address, if different STREET ADDRESS CITY **FLORIDA** ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT The street address of the initial registered office and the name of the initial registered agent at the office is: NAME ADDRESS Court **FLORIDA** 

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have(		number of directors may be one (1). The names and
addresses of the initial director(s) of the corporation are as fo		
NAME ROBERT SLUTH		·
ADDRESS 1201 "F" ROAD		
CITY LOXAHATCHEE FL.	STATE FL.	ZIP 33407
NAME JAMES C. PAINE		
ADDRESS 30 MEADOWS PAK	ix Lov.	
CITY BOYNTON BEACH	STATE FL.	ZIP 334 <b>38</b>
NAME BARBARA A. DAME		
ADDRESS 3853 Sevub: AVE.		
CITY Lake Worth	STATE A	ZIP 3346/
	- INCORPORATORS	
The names and addresses of the incorporators signing these A		llows:
NAME ROBERT ShutH	* 11 - 0 - 28 STEMANNE	
ADDRESS 1201 F ROAD		-
CITY LOXAGAT CASE	STATE F/	ZIP 33407
NAME JAMES C. PAINE.	, , , , , , , , , , , , , , , , , , , ,	
ADDRESS 30 MEADOWS PAIR	Las	
CITY BOYNTON BOACH	STATE P1.	ZIP 33436
NAME Barbara Damé		13
ADDRESS 3853 Sorub, Ave		· - · · · · · · · · · · · · · · · · · ·
CITY Lake Worth	STATE A	ZIP 3346/
The undersigned incorporator(s) have executed these A	rticles of Incorporation this	agh
day of Quaust		
	05	
11- 51815	/lot lexe	(Signature)
McOle H. Dates		(~-g,
NOTARY PUBLIC		(Signature)
4	R	-
NICOLE M. BATES MY COMMISSION # DD 030538	+mu >	(Signature)
EXPIRES: October 1, 2005 Bonded Thru Notary Public Underwriters		<u>/</u>
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SEMINOLE-MIAMI (2-98)

## CERTIFICATE OF DESIGNATION REGISTERED OFFICE

01 AUG 29 AM 10: 17

SECRETARY OF STATE TALLAHASSEE FLORIDA

MEDICAL	DESIGN &	CONSTRUCTION	ASSOCIATES
(name of corporation)			Inc.

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

as mercared in the richers of meorporation			11 _ 21		
at <u>2831</u>	EXCHANG	SE (	OURT	Suite	<u> </u>
				FLORIDA	33409
	ROBERT		_ {	· ·	

located at the aforesaid address, as its registered agent to accept service of process within this state.

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)