## 401000/21821°rm 1

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

SUBJECT:	C &M	Surgical	Assistants	
	(Proposed comorate 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

\$78.75

Filing Fee

& Certified Copy

\$87.50

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: C & H Surgical Assistants
Name (Printed of typed)

P.O. Box 1308

Olds mar, Fl. 34677 City, State & Zip

737-736-2699

Daytime Telephone number

241 Dunian Loop w #301 Dunedin, ge 34698

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

GAVE

BR12/28/01

ARTICLES OF INCORPORATION	
1. The name of the corporation shall be: C: H Surgical Assistants INC	
2. The principal place of business and mailing address of the corporation is: P.O. BOX  1308 Olds Max + F1. 34677	- 
3. The corporation shall have the authority to issue 100 shares of stock.	
4. The registered agent of the corporation is <u>Cherise Evering</u> and the registered street address is <u>241 Duncan Loop w #301, Dunedin</u> ,	
Florida 34698.  5. The initial Board of Directors shall have a member(s) whose name(s) and address(es) is/are as follows: Micka Genard (President   Savetary) P.O. Box 1308 Oldsv. 34671	nar, H
Cherise Evering (V. President/Tresurer) P.O. Box 1308 Oldmar, Fl.	34677
Cherise Evering (V. Fresidenty reserver) File Box 100 Decrees	
The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.	
6. The incorporator of this corporation is <u>Meka Gerard</u> whose street address is <u>385 fountainview Circle</u> Oldsmar, Fl. 346	77
7. Corporate existence shall begin January 1, 2002.	
Dated 12-21-01	_
Which a grand	
Incorporator	
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 am familiar	
with and accept the obligations of my position as registered agent.	
Dated 12-21-01 CC 27 SSR	<u> </u>
Chaise Weing ?	im O
Registered Agent © 00 100 100 100 100 100 100 100 100 10	
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