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FILED

02 FEB -4 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE
02-01-02

TRANSMITTAL LETTER

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

SUBJECT: BRACHY THERAPY INSTITUTE OF SO. FLORIDA, INC..
(Proposed corporate name - must include suffix)

Enclosed is an original and (1) one copy of the Articles of Incorporation and a check for \$78.75

FROM: GELBER AND COMPANY

400004863904--7
-02/04/02--01048--003
*****78.75 *****78.75

Name

11450 INTERCHANGE CIRCLE NORTH

Address

MIRAMAR, FL 33025

City, State & Zip

(954) 435-4222

Daytime Telephone number

CB2-8

EFFECTIVE DATE
02-01-02

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

BRACHY THERAPY INSTITUTE OF SO. FLORIDA, INC.

ARTICLE II - PRINCIPAL OFFICE

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

**270 VELEROS COURT
CORAL GABLES, FL 33143**

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

**BEATRIZ AMENDOLA
270 VELEROS COURT
CORAL GABLES, FL 33143**

ARTICLE V INCORPORATOR

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

**BEATRIZ AMENDOLA
270 VELEROS COURT
CORAL GABLES, FL 33143**

ARTICLE VI EFFECTIVE DATE

The effective date of this corporation shall be: **FEBRUARY 1, 2002**

✓ 

Signature/Incorporator

✓ 1/28/2002

Date


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

✓ 1/29/2002

Date

IN WITNESS WHEREOF,
I have signed by name and affixed
my official notary seal this
28 day of January, 2002


Notary Public

