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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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EFFECTIVE DATE

To:

Division of Corporations

Fax Number

: (850)205-0381

From:

Account Name : LORN LEITMAN, C.P.A.

Account Number : I19980000088

: (305)279-8943

Fax Number

: (305)271-4421

FLORIDA PROFIT CORPORATION OR P.A.

sion of Corporations

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Islands Surgical Services, Inc

| Certificate of Status | 1 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$78.75 |

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EFFECTIVE DATE 3-ハッン SECRETARY OF STATE OF CORPORATIONS DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

<u>OF</u>

<u>islands Surgical Services, Inc</u>

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act, does hereby adopt the following articles of incorporation:

ARTICLE I

The name of the corporation is Islands Surgical Services, Inc.

ARTICLE II

The 'erm of the existence of the corporation is perpetual. The inception date of the corporation and the day it began operations is <u>March 11, 2002</u>.

ARTICLE III

The general purposes for which the corporation is to provide medical care as a surgeon.

ARTICLE IV

The aggregate number of shares of stock which the corporation is authorized to issue is One Hundred (100).

ARTICLE V

The street address of the initial registered office and the principal place of business of the corporation is <u>7700 North Kendail Drive</u>, <u>Suite 405</u>, <u>Miami</u>, <u>FL 33156</u>, and the name of the agent at such address is: <u>Lorn Leitman</u>.

- ! -

tom Leitman, Esquire

7700 North Kendali Drive, Suite 405. Miami, Ft. 33156 (305) 279-8943 fax (305) 271-4421

Bar Number: 562238

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ARTICLE VI

The number of directors constituting the initial board of directors of the corporation is THREE (3). The name and address of the person/persons who is/are to serve as initial board are:

<u>Name</u>

<u>Address</u>

Lorn Leitman (P)

6850 Pallazzo

Coral Gables, FL 33146

James Lee (VP)

149 Columbus Dr

Islamorada, Fl 33036

ARTICLE VII

The name and address of the person signing these articles of incorporation is:

<u>Name</u>

<u>Address</u>

Lorn Leitman (P)

6850 Pallazzo

Coral Gables, Fl 33146

Executed by the undersigned at Miami, Dade County, Florida on this $\sqrt{\frac{k}{a} \cdot c} = \sqrt{\frac{20.0 \cdot z}{a}}$.

Lorn Leitman

- 2 -

Lorn Leitman, Esquire

7700 North Kendall Drive, Suite 405, Miami, FL 33156 (305) 279-8943 fax (305) 271-4421

Bar Number: 542238

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ACCEPTANCE BY REGISTERED AGENT:

Having been name to accept service of process for the above named corporation at a capacity place designated in these Articles of Incorporation, I hereby accept to act in this, and agree to comply with the provision of Chapter 48.091, Florida Statutes, relative to keeping open said office for service of process.

STATE OF FLORIDA)

COUNTY OF DADE): \$5: Before me, the undersigned authority, personally appeared Lorn Leitman to me well Before me, the undersigned authority, personally appeared Lorn Leitman to me well known to be the person who executed the foregoing ARTICLES OF INCORPORATION and acknowledged before me, according to law, that he made and subscribed the same for the purpose; therein mentioned and set forth

IN WITNESS WHEREOF, I have hereunto set my hand and seal this

day of HARCH 2002

Notary Public, State of Florida, at Large

My Commission Expires:

SONIA GONZALEZ Notary Public - State of Florida My Commission Expires Feb 13, 2004 Commission #CC 909725

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CERTIFICATE DESIGNATION (OR CHANGING) PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In pursuance of Chapter 607.34 Florida Statutes, the following is submitted, in compliance with said Act: First - That ISLANDS SURGICAL SERVICES, INC. desiring to organize under the laws of the Florida , with its principal office, as indicated in the articles of incorporation at City of Miami, County of <u>Miami-Dade</u>, State of <u>Florida</u> has named <u>Lom Leitman</u> (Name of Registered Agent) located at 7700 North Kendall Drive, Suite 405 County of <u>Miami-Dade</u> City of _____Miami___ State of Florida, as its agent to accept service of process within this state. ACKNOWLEDGMENT: (MUST BE SIGNED BY DESIGNATED AGENT) Having been named to accept service of process for the above stated corporation, at place designated in this certificate. I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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Lorn Lellman, Esquire

7700 North Kendall Drive, Suite 405, Miami, FL 33156 (305) 279-8943 fax (305) 271-4421

Bar Number: 562238