

TRANSMITTAL LETTER
P02000058834

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

SUBJECT: GULF COAST SURGICAL, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

800005537398--1
-05/15/02--01039--010
*****78.75 *****78.75

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☒ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: DOMINICK TOSCANO
Name (Printed or typed)

2122 SW 13th AVE.
Address

CAPE CORAL FL, 33991.
City, State & Zip

941-229-3590
Daytime Telephone number

FILED
2002 MAY 28 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

W-2-14380

05-29-02



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

May 17, 2002

DOMINICK TOSCANO
2122 SW 13TH AVE
CAPE CORAL, FL 33991

SUBJECT: GULF COAST SURGICAL, INC.
Ref. Number: W02000014380

We have received your document for GULF COAST SURGICAL, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The registered agent must sign accepting the designation.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Document Specialist
New Filing Section

Letter Number: 502A00031739

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: **GULF COAST SURGICAL SERVICES INC.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: **2122 SW 13th AVE
CAPE CORAL FLA. 33991**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **To sell medical Equipment.**

ARTICLE IV SHARES

The number of shares of stock is: **1**

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s): **DOMINICK TOSCANO. C.S.**


ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is: **DOMINICK TOSCANO
2122 SW 13th AVE
CAPE CORAL, FLA 33991.**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: **DOMINICK TOSCANO
2122 SW. 13th AVE
CAPE CORAL FLA, 33991.**


Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

5/20/02

Date



Signature/Incorporator

5/11/02

Date

DOMINICK TOSCANO

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2002 MAY 28 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA