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TRANSMITTAL LETTER

FILED

02 AUG 12 PM 2:52

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

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-08/12/02--01043--007
*****78.75 *****78.75

SUBJECT: Surgery Training Facility, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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: KALMAN D. BLUMBERG
Name (Printed or typed)

3000 BAYVIEW DRIVE
Address

FORT LAUDERDALE, FL
City, State & Zip

954-771-2551
Daytime Telephone number

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

D. WHITE AUG 14 2002

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ARTICLES OF INCORPORATION

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Surgical Training Facility, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3000 Bayview Drive
Fort Lauderdale, FL 33306

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

surgical training facility

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Kal Blumberg	Jeffrey Cantor
1710 S.E. 2nd Court	420 S.E. 17th Avenue
Fort Lauderdale, FL 33301	Fort Lauderdale, FL 33301
President	Secretary

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:


Kal Blumberg
1710 S.E. 2nd Court
Fort Lauderdale, FL 33301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kal Blumberg
1710 S.E. 2nd Court
Fort Lauderdale, FL 33301

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


Date


Signature/Incorporator


Date