

P020000118000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

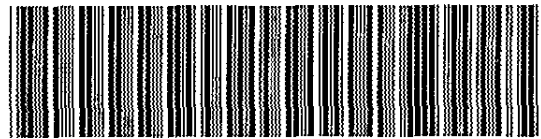
Special Instructions to Filing Officer:

RECEIVED

02 NOV - 1 PM 2:00

CLERK OF SUPERIOR COURT  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Office Use Only



600008490956

11/01/02--01077--012 \*\*70.00

FILED  
02 NOV - 1 PM 12:39  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

11-402



UCC FILING & SEARCH SERVICES, INC.  
526 East Park Avenue  
Tallahassee, Florida 32301  
(850) 681-6528

**HOLD**  
FOR PICKUP BY  
UCC SERVICES  
OFFICE USE ONLY

November 1, 2002

**CORPORATION NAME (S) AND DOCUMENT NUMBER (S):**

Premiere Medical, Inc.

**Filing Evidence**

- ☒ Plain/Confirmation Copy
- ☐ Certified Copy

**Type of Document**

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

RECEIVED  
NOV 02 PM 1:58  
STATE OF FLORIDA  
SECRETARY OF STATE  
CORPORATION  
TALLAHASSEE, FLORIDA

**Retrieval Request**  
Photocopy  
Certified Copy

NEW FILINGS	
X	Profit
	Non Profit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of RA Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Reports
	Fictitious Name
	Name Reservation
	Reinstatement

REGISTRATION/QUALIFICATION	
	Foreign
	Limited Liability
	Reinstatement
	Trademark
	Other

**ARTICLES OF INCORPORATION**  
**OF**  
**PREMIERE MEDICAL, INC.**

FILED  
02 NOV -1 PM 12: 39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a Corporation under the Florida Business Corporations Act, does hereby adopt the following Articles of Incorporation.

**ARTICLE I - Name**

The name of this Corporation is **PREMIERE MEDICAL, INC.** The principal place of business of this Corporation shall be 4700 N. Habana Avenue, Suite 502, Tampa, Florida 33614 or such other place as may be designated by the Board of Directors.

**Article II - Capital Stock**

The Corporation shall have the authority to issue 10,000 shares of common stock with a par value of \$1.00 per share.

**Article III - Initial Registered Office and Agent**

The street address of the initial registered office of this Corporation is 4700 N. Habana Avenue, Suite 502, Tampa, Florida 33614. The initial registered agent of this Corporation is ARTHUR J. PEDREGAL.

**Article IV - Incorporator**

The name and address of the person signing these Articles as the incorporator is:

ARTHUR J. PEDREGAL  
4700 N. Habana Avenue  
Suite 502  
Tampa, Florida 33614

**Article V - Corporate Existence**

The date of commencement of corporate existence shall be upon filing and the Corporation shall have perpetual existence.

**Article VI - Initial Board of Directors**

This Corporation shall have two (2) Directors initially. The number of Directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one. The name and address of the initial Directors of this Corporation are:

ARTHUR J. PEDREGAL  
4700 N. Habana Avenue  
Suite 502  
Tampa, Florida 33614

CHARLES BROCK  
12902 Magnolia Drive  
Tampa, Florida 33612

**IN WITNESS WHEREOF**, the undersigned Incorporator has executed these Articles of Incorporation, this 30 day of October, 2002.

  
\_\_\_\_\_  
ARTHUR J. PEDREGAL

FILED

02 NOV -1 PM 12: 39

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**BEFORE ME**, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared ARTHUR J. PEDREGAL, who is either personally known to me or who produced \_\_\_\_\_ as identification and who is known by me to be the person who executed the foregoing Articles of Incorporation.

**IN WITNESS WHEREOF**, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 30 day of October, 2001.



Frank C. Miranda  
MY COMMISSION # DD041788 EXPIRES  
July 12, 2005  
BONDED THROUGH TROY FAIN INSURANCE, INC.


NOTARY PUBLIC  
STATE OF FLORIDA AT LARGE

Frank C. Miranda  
(Type/print name of Notary)

DD041788  
(Commission Number)

My Commission Expires:

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THESE ARTICLES OF INCORPORATION, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.0505 FLORIDA STATUTES.

 10-29-02  
Registered Agent Date

FCM/Premiere Medical/AOI