

P03000017935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

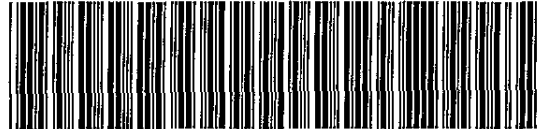
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TRANSMITTAL LETTER

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

SUBJECT: S. W. Surgical Assist, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

ADDITIONAL COPY REQUIRED

FROM: Steven G. Winslow
Name (Printed or typed)

1230 North Riverside Drive
Address

Pompano Beach FL 33062
City, State & Zip

954 491 2140
Daytime Telephone number

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

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:

S.W. Surgical Assist, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1230 North Riverside Drive
Pompano Beach FL 33062

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to make income by assisting in medical and
surgical procedures

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

ARTICLE VI REGISTERED AGENT

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

Steven G. Winslow
1230 North Riverside Drive
Pompano Beach FL 33062

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Steven G. Winslow
1230 North Riverside Drive
Pompano Beach FL 33062

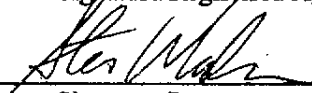
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

2/5/03

Date



Signature/Incorporator

2/5/03

Date

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TALLAHASSEE, FLORIDA