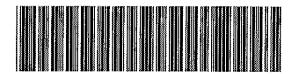
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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone) #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

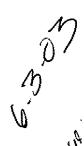
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SECRETARY OF STATIONS
OF MAY 27 PH 3: 46





May 20, 2003

State of Florida Division of Corporation P.O Box 6327 Tallahassee, Florida 32314

Dear Division of Corporation:

Healthcare Facilitators has been requested by Mike Messiah MD, Harbour Orthopedics P.A, to submit the attached articles of incorporation and payment for incorporation.

If you have any questions, please contact my office.

Thank you.

Sincerely,

Fran LaVallette Facilitator

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	es trica
ARTICLE I NAME The name of the corporation shall be:	SAPA CT PH 3: A
The hame of the corporation shall be: HARBOUR Orthopedics 8.A.	Q
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	7
820 Grovesnee Loop Ordee Florus 34761	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	• • • •
medical practice specializing in orthopedia	÷ ,
ARTICLE IV SHARES The number of shares of stock is: 100,000 Shore.	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s):	
mike messich mo	
820 Grovesnoe Loop	
Other FLORDA 34761	
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:	
mike messiah mo	
820 Crocesnee Loop	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
mile messich mo	
820 Grovesnee Locp	
Occre Ploeur 34761	

/ VI. / W 5/2010	<u>3</u>
Signature/Registered Agent Date	

Signature/Incorporator

5/20/03 Date