

PO4000127074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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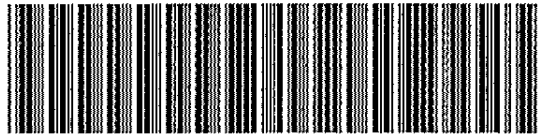
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/02/04--01028--013 \*\*78.75

FILED  
2004 SEP -2 PM 3:05  
TALLAHASSEE FLORIDA

9/3/04

**TRANSMITTAL LETTER**

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

**FILED**  
2004 SEP -2 PM 3:05  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**SUBJECT:** \_\_\_\_\_ GSP Surgical Assistants, 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:** \_\_\_\_\_ Alexis Sockwell  
Name (Printed or typed)

\_\_\_\_\_ 4182 Shady Oaks Court  
Address

\_\_\_\_\_ Sarasota, FL 34233  
City, State & Zip

\_\_\_\_\_ (941) 228-2112  
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)

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2004 SEP -2 PM 3:05

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

### ARTICLE I NAME

The name of the corporation shall be:

GSP Surgical Assistants, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4182 Shady Oaks Court  
Sarasota, FL 34233

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The nature of the business is to provide surgical assistance to licensed physicians. The business may engage in such other activities that are permitted under the laws of the State of Florida.

### ARTICLE IV SHARES

The number of shares of stock is:

One hundred (100) shares of common stock with a par value of one (1) cent per share.

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Alexis Sockwell  
4182 Shady Oaks Court  
Sarasota, FL 34233  
President, Secretary, Treasurer, and Director

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Alexis Sockwell  
4182 Shady Oaks Court  
Sarasota, FL 34233

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

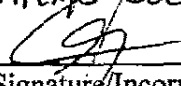
Alexis Sockwell  
4182 Shady Oaks Court  
Sarasota, FL 34233

\*\*\*\*\*

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  
Alexis Sockwell

8-31-04  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator  
Alexis Sockwell

8-31-04  
\_\_\_\_\_  
Date