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A1A#CORPORATE#SERVICES

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Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800) 494-3124
Fax Number : (305) 675-2811

FLORIDA PROFIT CORPORATION OR P.A.

Ocala Surgical Assistant, Inc.

Certificate of Status	0
Certified Copy	0
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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 :

Ocala Surgical Assistant, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is :

3240 SW 34th St. # 416

Ocala, FL 34474

ARTICLE III PURPOSE

The purpose for which the corporation is organized:

The corporation may engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

100 COMMON SHARES PAR VALUE \$ 0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is:

Director, President & Treasurer:

Ademastor Alves Santos

3240 SW 34th St. # 416

Ocala Florida 34474

ARTICLE VI REGISTERED AGENT

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

A1A CORPORATE SERVICES INC,

92 SADBERRY RD,

QUINCY, FL 32351

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PAGE 2 Ocala Surgical Assistant, Inc.

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:
Adamastor Alves Santos
3240 SW 34th St. # 416
Ocala Florida 34474

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.

Paul Smith V.P.

Signature / Registered Agent

11/12/04

Date

Adamastor Alves Santos

Signature/Incorporator

NOV 12, 2004

Date

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