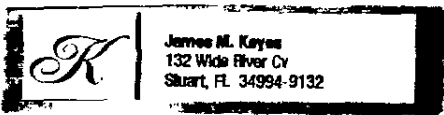


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(Requestor's Name)



(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

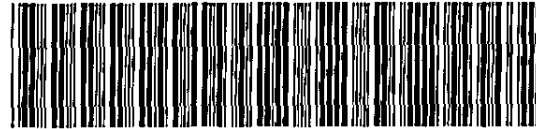
(Business Entity Name)

(Document Number)

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

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06/16/05--01007--007 \*\*78.75

FILED  
05 JUN 16 2005  
TALLAHASSEE

6/27/05  
WCS  
6/16/05



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

June 16, 2005

JAMES KEYES  
132 WIDE RIVER CV  
STUART, FL 34994-9132

SUBJECT: KEYES SURGICAL ASSIST, INC.  
Ref. Number: W05000029773

We have received your document for KEYES SURGICAL ASSIST, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes  
Document Specialist  
New Filings Section

Letter Number: 305A00041774

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June 2, 2005

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

Gentlemen:

Enclosed please find two copies of Articles of Incorporation of Keyes Surgical Assist, Inc. for filing.

Please make effective date of this corporation June 1, 2005.

Our check in the amount of \$78.75 is enclosed for payment of Filing Fee, designation of Registered Agent and a certified copy of the Articles of Incorporation..

If you need to reach me regarding these Articles of Incorporation, please contact me at 772-335-4978

Thank you.

Sincerely,

James Keyes

A handwritten signature in black ink, reading "James Keyes". The signature is written in a cursive style with a large, looping initial "J" and a long horizontal stroke at the end.

ARTICLES OF INCORPORATION

OF

KEYES SURGICAL ASSIST, INC.

Article I

-NAME-

The Name of the corporation is:

KEYES SURGICAL ASSIST, INC.

Article II

-PRINCIPAL OFFICE-

The principal place of business/mailing address is:  
132 Wide River Cove, Stuart, FL 34994

Article III

-PURPOSE-

This corporation is organized for the purpose of, but not limited to surgical first assist.

Article IV

-CAPITAL STOCK-

This corporation is authorized to issue 100 shares  
(\$1.00) par value common stock.

FILED  
05 JUN 19 AM 8 23  
TALLAHASSEE, FLORIDA

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Article V

-INITIAL OFFICERS/DIRECTORS-

This corporation shall have one (1) director initially. The number of directors may be either increased or diminished from time to time by the bylaws.

The name, address and title of the initial officer/director is as follows:

James Keyes                      132 Wide River Cove, Stuart FL 34994    President/Director

Article VI

-INITIAL REGISTERED OFFICE AND AGENT-

The street address of the initial registered office of this corporation is 132 Wide River Cove, Stuart, Florida. and the mailing address is 132 Wide River Cove, Stuart, Florida 34994.

The name of  
the initial registered agent of this corporation is  
James Keyes

Article VII

-INCORPORATORS-

The name and address of the person signing these articles is:

James Keyes  
132 Wide River Cove  
Stuart FL 34994

Article VIII

-BYLAWS-

The power to adopt, amend or repeal bylaws shall be vested in the Board of Directors and the Shareholders.

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Article IX

-POWERS-

This corporation shall have all the corporate powers enumerated in the Florida General Corporation Act.

Article X

-MEETINGS BY CONFERENCE TELEPHONE-

Members of the Board of Directors may participate in meetings of the Board of Directors by means of conference telephone as provided by law.

Article XI

-INDEMNIFICATION-

The corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

Article XII

-ACTION BY DIRECTORS WITHOUT A MEETING-

The Directors of this corporation may take action by written consent, as provided by law.

Article XIII

-AMENDMENT-

This corporation reserves the right to amend or repeal any provisions contained in these articles of incorporation, or any amendment to them, and any right conferred upon the shareholders is subject to this reservation.

Article XIV

-EFFECTIVE DATE-

The effective date of the corporation shall be June 21, 2005.

IN WITNESS WHEREOF, the undersigned subscriber has

Executed these Articles of Incorporation on this 13<sup>th</sup>

day of June, 2005.

James Keyes  
James Keyes

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE  
FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING  
AGENT UPON WHOM PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 607.0502, FLORIDA STATUTES,  
THE FOLLOWING IS SUBMITTED:

FIRST - - THAT KEYES SURGICAL ASSIST, INC..DESIRING TO ORGANIZE OR

QUALIFY UNDER THE LAWS OF THE STATE OF

FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT

132 WIDE RIVER COVE, CITY OF STUART, STATE OF FLORIDA, HAS

NAMED JAMES KEYES, LOCATED AT 132 WIDE RIVER COVE, CITY OF

STUART, STATE OF FLORIDA, AS ITS

AGENT FOR SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE James Keyes  
(CORPORATE OFFICER)

TITLE President

DATE 6-13-05

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR  
THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN  
THIS CERTIFICATE, 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.

SIGNATURE James Keyes  
(REGISTERED AGENT)

DATE 6-13-05

FILED  
05 JUN 16 PM 3 23

STATE OF FLORIDA

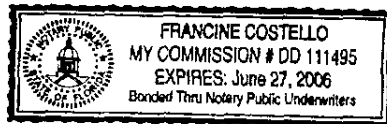
COUNTY OF ST. LUCIE

Before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared James Keyes, known to me and known by me to be the person who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 13<sup>th</sup> day of June, 2005.



Notary Public, State of Florida  
at large  
My commission expires:



STATE OF FLORIDA

COUNTY OF ST. LUCIE

Before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared James Keyes, known to me and known by me to be the person who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand affixed my official seal, in the State and County aforesaid, this 13<sup>th</sup> day of June, 2005.



Notary Public, State of Florida  
at large  
My commission expires:

