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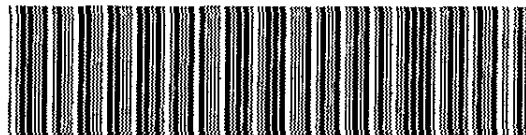
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/30
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COVER LETTER

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

SUBJECT: Miami Surgical Associates, P.A.

(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
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Michael C. McKinnon, Esq.

Name (Printed or typed)

100 Kirts Blvd., Suite A

Address

Troy, MI 48084

City, State & Zip

248-519-9128

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:

Miami Surgical Associates, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

100 Kirts Blvd., Suite A, Troy, MI 48084

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
to provide Medical services.

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

David M. Kent, D.O. 100 Kirts Blvd., Suite A, Troy, MI 48084 President, Secretary and Treasurer

ARTICLE VI REGISTERED AGENT

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


Kenneth M. Zorn, Cypress Center, 6600 N. Andrews Ave., Suite 555, Ft. Lauderdale, FL 33309

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

David M. Kent, D.O. 100 Kirts Blvd., Suite A, Troy, MI 48084

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

1-24-07

Date



Signature/Incorporator

1/24/07

Date

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TALLAHASSEE, FLORIDA