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**FLORIDA PROFIT/NON PROFIT CORPORATION**

Nature Coast Surgery Center, Inc.

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# **ARTICLES OF INCORPORATION OF**

## **Nature Coast Surgery Center, Inc.**

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### **ARTICLE I: NAME**

The name of the corporation is **Nature Coast Surgery Center, Inc.**

### **ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of the corporation is **555 N. Byron Butler Parkway, Perry, Florida 32347**

### **ARTICLE III: CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1000) shares having a par value of (\$.001) per share.

#### **ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is **Gary A. Shipman, 1414 County Highway 283 South, Ste. B, Santa Rosa Beach, Florida 32459.**

#### **ARTICLE V: OFFICERS & DIRECTORS**

The name and address of the initial Officer and Director of the corporation is:

**Gary A. Shipman, P./Sec./Tres./Dir., 1414 County Highway 283 South, Ste. B, Santa Rosa Beach, Florida 32459.**

#### **ARTICLE VI: INCORPORATOR**

The name and address of the incorporator of these Articles of Incorporation is **Your Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL. 32301.**

The undersigned has executed these Articles of Incorporation this 27th day of January 2010.

"Your Capital Connection, Inc. by, Seth Neeley, Client Representative"

  
\_\_\_\_\_

JAN. 28. 2010 4:25PM

CAPITAL CONNECTION

NO. 7004 P. 4/4

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## **CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE**

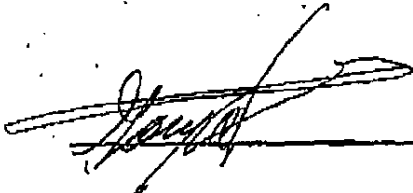
Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the state of Florida.

1. The name of the corporation is: Nature Coast Surgery Center, Inc.

2. The name and address of the registered agent and office is:

Gary A. Shipman  
1414 County Highway 283 South, Ste. B  
Santa Rosa Beach, FL 32459

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

  
\_\_\_\_\_