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COVER LETTER

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

SUBJECT: MEDIC	CARE REIMBURSEMENT FOR SI (PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an or	iginal and one (1) copy of the art	ticles of incorporation and	i a check for:
\$70.00	2 \$78.75	□ \$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate o Status
		ADDITIONAL CO	PY REQUIRED
	310 SOUTH CYPRESSHEAD DRI		
_		Address	
<u>P/</u>	ARKLAND,FLORIDA 33067		
	City	, State & Zip	
56	1 289 0504		
	Daytime 1	Telephone number	
þe	termccambridge@concast.net		
 -	E-mail address: (to be use	ed for future annual report	notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 15, 2010

PETER MCCAMBRIDGE 7310 SOUTH CYPRESSHEAD DRIVE PARKLAND, FL 33067

SUBJECT: MEDICARE REIMBURSEMENT FOR SURGICAL FIRST

ASSISTANT CO

Ref. Number: W10000007618

We have received your document for MEDICARE REIMBURSEMENT FOR SURGICAL FIRST ASSISTANT CO 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 document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected 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) 245-6869.

Christine Haney Senior Clerk New Filing Section

Letter Number: 110A00003754

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:

MEDICARE REIMBURSEMENT FOR SURGICAL FIRST ASSISTANTS CO

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 7310 SOUTH CYPRESSHEAD DRIVE PARKLAND, FLORIDA 33067

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: REIMBURSEMENT FOR SURGICAL FIRST ASSISTANTS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE	V	INITIAL	OFFICERS	AND/OR	DIRECTORS
	_				

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

PETEIT MCCAMBRIDGE/OPEIZATIONS MANAGEIZ

7310 SOUTH CYAZESSHEAD PIZIVE

PARKLAND, FLUZIOA 33067-1601

ARTICLE VI REGISTERED AGENT

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

Peter McCambridge 7310 South Cypresshead Drive Parkland, Florida 33067-1601

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Karen McCambridge

7310 South Cypresshead Drive

Parkland Florida 33067-1601

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

O3

Signature/Incorporator

03/01/2010

Date

03/01/2010

Date