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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: External Counterpulsation (ECP) Cardiac Clinic of West Coast Florida, Inc.
(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: Ashlee Komor

Name (Printed or typed)

3333 Clark Road, Suite 160

Address

Sarasota, FL 34231

City, State & Zip

941-923-1809

Daytime Telephone number

akomor@mssfl.net/

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: External Counterpulsation (ECP) Cardiac Clinic of West Coast Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3333 Clark Rd.
Ste 160
Sarasota, FL 34231

Mailing address, if different is:

same

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: 10,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Branimir L. Horvat, M. D.
Address: 3333 Clark Road
Suite 160
Sarasota, FL 34231

Name and Title: Nevenka Horvat, M. D.
Address: 3333 Clark Road
Suite 160
Sarasota, FL 34231

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Gregg W. Abel, ESQ
Address: 3307 Clark Road, Ste. 201
Sarasota, FL 34231

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Branimir L. Horvat, M. D.
Address: 3333 Clark Road, Suite 160
Sarasota, FL 34231


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TALLAHASSEE, FLORIDA

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


Required Signature/Registered Agent

8/24/11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

08/24/11
Date