## P12000046657

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:				
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SECRETARY OF STATE
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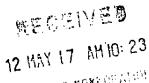
## **COVER LETTER**

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

SUBJECT: Surgical Specialists of (PROPOSED CORPORA	Trinity, P.A.	
(PROPOSED CORPORA	ATE NAMÉ – <u>MUST INCLUDE SUFFIX</u> )	
Enclosed are an original and one (1) copy of the art	icles of incorporation and a check for:	
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy Certified Copy & Certificate of Status	of
	ADDITIONAL COPY REQUIRED	
FROM: Keith Gregory Chisholm Name	e (Printed or typed)	
1024 Hagen Drive	Address	
Trinity, FL 34655	. State & Zip	
352-246-3437  Daytime T	Telephone number	
kgchisholm@cox.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 STATEOF COMPANIES. Division of Corporations

May 1, 2012

KEITH G CHISHOLM 1024 HAGEN DRIVE TRINITY, FL 34655

SUBJECT: SURGICAL SPECIALISTS OF TRINITY, P.A.

Ref. Number: W12000023854

We have received your document for SURGICAL SPECIALISTS OF TRINITY, P.A. 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) 245-6052.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 312A00013096

	ARTICLES OF INC	CORPORATION
•	In compliance with Chapter 607 ar	nd/or Chapter 621, F.S. (Profit)
•		AES 7
<u> ÅRTICLE I</u>	NAME Surgical Specialists of	Trinity, P.A.
The name of the	corporation shall be:	
ARTICLE II	PRINCIPAL OFFICE	SE T
ARTICLE II		Mailing address, if different is:
	Principal <u>street</u> address 5719 <u>High Street</u>	1024 Hagen Drive
	New Port Richey, FL 34652	Trinity, FL 34655
	New Poll Richey, PL 34032	
		The same same same same same same same sam
ARTICLE III	PURPOSE	₹ <sup>r</sup> σ
The purpos evaluation,	e of the corporation titled Surgical Speand treatment of surgical and medica	ecialists of Trinity, P.A. is the assessment, Il conditions and disease states.
ARTICLE IV The number of sh	shares of stock is.	*   ear : \$ 100
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	)RS
Name and	Title: Keith Gregory Chisholm, Director	Name and Title:
Address:	1024 Hagen Drive	Address:
	Trinity, FL 34655	
	Title:	Name and Title:
Address:		Address:
Name and	Title:	Name and Title:
Address:		Address:
	REGISTERED AGENT	
	lorida street address (P.O. Box NOT acceptable)	
Name:	Keith Gregory Chisholm	
Address:	1024 Hagen Drive	
	Trinity, FL 34655	<del>_</del>
ARTICLE VII	INCORPORATOR	
	ddress of the Incorporator is:	
	with the composition in	
The <u>name and a</u>	Keith Gragory Chieholm	
The <u>name and a</u> Name:	Keith Gregory Chisholm	
The <u>name and a</u>	1024 Hagen Drive	<del></del>
The <u>name and a</u> Name:		<del>-</del> -
The <b>name and a</b> Name: Address:	1024 Hagen Drive Trinity, FL 34655	
The <u>name and and and and and and and and and and</u>	1024 Hagen Drive Trinity, FL 34655	ess for the above stated corporation at the place designated i
The <u>name and and and and and and and and and and</u>	1024 Hagen Drive Trinity, FL 34655  med as registered agent to accept service of proce	ess for the above stated corporation at the place designated i
The <u>name and a</u> Name: Address:  Having been na	1024 Hagen Drive Trinity, FL 34655  med as registered agent to accept service of proce	ess for the above stated corporation at the place designated i

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.

April 25, 2012 Date