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**Florida Department of State
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 222-1222

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA PROFIT/NON PROFIT CORPORATION

Gulf Coast Vein Center, P.A.

Certificate of Status	0
Certified Copy	1
Page Count	03
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NOV. 2. 2012 9:40AM

CAPITAL CONNECTION

NO. 2028 P. 2

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
Gulf Coast Vein Center, P.A.

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

ARTICLE I: NAME & PURPOSE

The name of the Professional Association is **Gulf Coast Vein Center, P.A.** The specific nature of business of this Professional Association is to establish a physician's office which will provide medical services.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the Professional Association is **17040 Gulf Blvd. #200, North Redington Beach, FL 33708**

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this Professional Association is authorized to have outstanding at any one time is one thousand (1,000) shares having par value of (\$1.00) per share.

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ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **Henry A. Stein, Esq., The Stein Law Group, P.A., 1607 Dr. ML King Jr St. No. Suite A, St. Petersburg, FL 33704**

ARTICLE V: INITIAL OFFICERS AND DIRECTORS


The name and address of the initial Officer and Director of the Professional Association is:
William Bowers, President./Director., 17040 Gulf Blvd. #200, North Redington Beach, FL 33708

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 2nd day of November 2012.

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



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TALLAHASSEE, FLORIDA

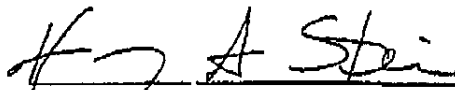
CERTIFICATE OF DESIGNATION

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 office/registered agent, in the State of Florida.

1. The name of the corporation is: Gulf Coast Vein Center, P.A.
2. The name and street address of the registered agent and office is:
Henry A. Stein, Esq.
The Stein Law Group, P.A.
1607 Dr ML King Jr St No.
Suite A
St. Petersburg, FL 33704

HAVE 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.


Henry A. Stein