

Division of Corporations
PI4000024131

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000064343 3)))



H14000064343ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : REZNICSEK, FRASER, WHITE, & SHAFFER, P.A.
Account Number : I20030000107
Phone : (904)567-1060
Fax Number : (904)567-1065

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR 17 AM 9:07

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

Email Address: jjackson@fcavi.com

FLORIDA PROFIT/NON PROFIT CORPORATION
Thoracic and Vascular Surgeons of Gainesville, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

RECEIVED
14 MAR 17 PM 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/17/14

reznicsek • fraser



white • shaffer

TO: Florida Department of State **From:** Donna Ciancutti

Fax: 850-617-6381 **Pages:** 5

Phone: **Date:** March 17, 2014

Re: Thoracic and Vascular Surgeons of **CC:**
Gainesville, P.A.

Urgent For Review Please Comment Please Reply Please Recycle

Comments: Please file the following.....

{00193408-2 }

CONFIDENTIALITY NOTICE

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF YOU ARE NEITHER THE INTENDED RECIPIENT NOR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THIS MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISCLOSURE, COPYING, DISTRIBUTION OR THE TAKING OF ANY ACTION IN RELIANCE ON THE CONTENTS OF THIS TELECOPIED INFORMATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AT (904) 567-1060 TO ARRANGE FOR RETURN OF THE ORIGINAL DOCUMENTS TO US.

H14000064343 3

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR 17 AM 9:07

ARTICLES OF INCORPORATION

OF

THORACIC AND VASCULAR SURGEONS OF GAINESVILLE, P.A.

The undersigned incorporator, for the purpose of forming a corporation in the state Florida hereby adopts the following Articles of Incorporation.

Article I

Name and Duration and Purpose

The name of this corporation is Thoracic and Vascular Surgeons of Gainesville, P.A. The duration of the corporation is perpetual. The effective date upon which this corporation shall come into existence shall be the date these Articles are filed by the Secretary of State. The general purpose for which this professional association is organized shall be (i) to render healthcare services to the general public, and to do all things in connection therewith that are customarily done by medical doctors under the laws of the State of Florida and (ii) in furtherance of its corporate purposes, the professional association shall have all of the general and specific powers and rights granted to and conferred on a corporation by the Professional Service Corporation Act.

Article II

Principal Office

The address of the principal office and mailing address of the corporation in the State of Florida is 4645 N.W. 8th Avenue, Gainesville, Florida 32605.

Article III

Capital Stock

The maximum number of shares of stock which this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares having no par value.

Article IV

Registered Office and Agent

The street address of the registered office of this corporation is 4645 N.W. 8th Avenue, Gainesville, Florida 32605 and the name of the registered agent of this corporation at that address is Wellspring Management Systems, LLC.

Article V

Directors

1. This corporation shall have one (1) director initially. The number of directors may be increased or diminished from time to time by the bylaws, but shall never be less than one (1). The manner of selection of directors shall be as provided in the bylaws.

H14000064343 3

2. The name and street address of the sole member of the Board of Directors of this corporation is:

<u>Name</u>	<u>Address</u>
Richard Proia, M.D.	4645 N.W. 8 th Avenue Gainesville, Florida 32605

3. If any vacancy occurs in the Board of Directors during a term, the remaining directors, by affirmative vote of a majority thereof, may elect a director to fill the vacancy until the next annual meeting of shareholders.

Article VI
Bylaws

The power to adopt, amend or repeal bylaws for the management of this corporation shall be vested in the Board of Directors or the shareholders, but the Board of Directors may not amend or repeal any bylaw adopted by the shareholders if the shareholders specifically provide that such bylaw is not subject to the amendment or repeal by the Board of Directors.

Article VII
Incorporator

The name and street address of the incorporator of this corporation is Richard Proia, M.D., 4645 N.W. 8th Avenue, Gainesville, Florida 32605.

Article VIII
Amendment

This corporation reserves the right to amend, alter, change or repeal any provision contained in these Articles of Incorporation, in the manner now or hereafter prescribed by statute, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the incorporator has executed these Articles the 12th day of March, 2014.



Richard Proia, M.D., Incorporator

H14000064343 3

**CERTIFICATE DESIGNATING REGISTERED OFFICE AND REGISTERED
AGENT FOR THE SERVICE OF PROCESS WITHIN FLORIDA**

In compliance with Sections 48.091, 607.0501, 607.0505 and 621.13, Florida Statutes, the following is submitted:

Thoracic and Vascular Surgeons of Gainesville, P.A. desiring to organize or qualify under the laws of the State of Florida hereby designates Wellspring Management Systems, LLC as its registered agent to accept service of process within the State of Florida, and the address of its registered office shall be 4645 N.W. 8th Avenue, Gainesville, Florida 32605.

March 12th, 2014



Richard Proia, M.D., President

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

March 12th, 2014

Wellspring Management Systems, LLC,
Registered Agent

By: _____

John Connor

Its: Manager