Florida Department of State

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dr. Rickhrunner@amail.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Brunner Surgical Inc.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Brunner Surgical Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4218 5th Avenue Marianna, FL 32447

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

2 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Richard Brunner 2919 Green Street Marlanna, FL 32446 14 JUN 10 PM 1:54 SECRETARY OF STATE TALLAHASSEE FLORID

Prepared By: Bruce B. Hubbard 77 East John St. Hicksville, New York 11801 1-518-935-3940

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ARTICLE V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

Rick Brunner - President/Director 2919 Green Street, Marianna, FL 32446

Sara Antley - Vice President/Director 2919 Green Street, Marianna, FL 32446

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Rick Brunner 2919 Green Street, Marianna, FL 32446

Sara Antley 2919 Green Street, Marlanna, FL 32446

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

23rd day of May 20 14

Rick Brigner

Signature

ara Antley Signatu

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	Brunner Surgical Inc.		
2. The name and address of the registe	red agent and office is:		
	Name Name	-	
	rane		
	2919 Green Street	_	
	(P.O. Box or Mail Drop Box NOT Acceptable)		
	Marlanna, FL 32446		
	(City / State / Zip)		
Having 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 regist agent and agree to act in this capacity. I further agree to comply with the provisions of all the s relating to the proper and complete performance of my duties, and am familiar with and accept obligations of my position as registered agent.		statutes	14 JUN 10 PH 1:54
Richard Brunner	O5/23/2014 (Date)		