

P95000015010

OFFICE USE ONLY (Document #)

Orlando Vascular
401 W. Colonial Drive
Suite 4
Orlando, Florida 32804
(City, State, Zip) (Phone #)

000001408120
-02/16/95--01083--009
****122.50 ****122.50

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

EFFECTIVE DATE
2-15-95

FILED

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

BOB 2/22/95
502-1424
705-3709
P95-15010



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 17, 1995

ORLANDO VASCULAR
401 W. COLONIAL DR.
SUITE 4
ORLANDO, FL 32804

SUBJECT: SUNCOAST CLINIC, INC.
Ref. Number: W95000003709

We have received your document for SUNCOAST CLINIC, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return 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 (904) 487-6929.

Brendolyn Bruton
Corporate Specialist

Letter Number: 695A00007285

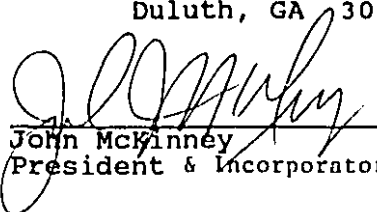
ARTICLES OF INCORPORATION

- I. The name of this corporation is: SUNCOAST ~~CLINIC XXXXXX~~ MEDICAL CENTER, INC.
- II. The corporation may diversify to engage in any activity or business permitted under the laws of the United States and the laws of the State of Florida.
- III. The amount of capital stock authorized is 500 shares of common stock having a par value of \$1.00 per share.
- IV. The amount of capital with which the corporation will begin business is \$500.00.
- V. The corporation is to have perpetual existence, said existence to commence on February 15, 1995.
- VI. The initial street address of the principal office of the corporation is 401 W. Colonial Drive, Orlando, Florida 32804.
- VII. The corporation will not have directors. The business of the corporation shall be managed by the stockholders.
- VIII. The name and street address of the person signing the Articles of Incorporation is:

John McKinney
1020 Quaker Ridge Way
Duluth, GA 30136

EFFECTIVE DATE

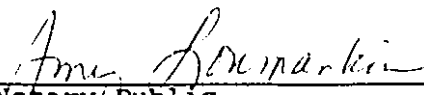
2-15-95


John McKinney
President & Incorporator

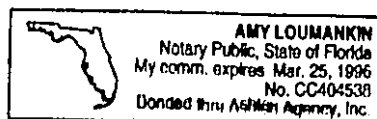
STATE OF FLORIDA
COUNTY OF *Orange*

BEFORE ME, the undersigned authority, this day *2/13/95* personally appeared John McKinney, who, being first duly sworn, deposes and says that he has read the foregoing; that the facts and matters are true and correct; and that he has executed the same for the purposes expressed herein. *10 DE, No other time*

WITNESS my hand and official seal this *13* day of *February*, 1995.


Notary Public
State of Florida

My Commission Expires:



STATE OF FLORIDA
DEPARTMENT OF STATE

Certificate designating place of business or domicile for the service of process within this State, naming agent upon whom process may be served and names and addresses of the Officers and Directors.

The following is submitted, in compliance with Chapter 48.091, Florida Statutes:

MEDICAL CENTER, INC.
SUNCOAST ~~CENTER~~ ~~XXXXXX~~

A corporation organized (or organizing) under the laws of the State of Florida with its principle office at 401 W. Colonial Drive, Orlando, County of Orange, State of Florida, has named Bobbie Jo Eveland, located at 2231 Pebble Beach Blvd, Orlando, County of Orange, State of Florida, as its agent to accept service of process within this state.

OFFICERS:

Name:	Title:	Address:
John McKinney	Pres/Treas	1020 Quaker Ridge Way Duluth, GA 30136

I agree as Resident Agent to accept service of process; to keep office open during prescribed hours; to post my name (and any other officers of said corporation authorized to accept service of process at the above Florida designated address) in some conspicuous place in office as required by law.


Bobbie Jo Eveland
Resident Agent

FILED
1987 JUN 10 4:03