

P95000016746

TRANSMITTAL LETTER

FROM:

Name of corporation:

TRANSATLANTIC HEALTH RESOURCES

Street address of the corporation

120 Lifestyle Blvd # 312 Palm Harbor, FL. 34685

DEAR CORPORATIONS DIVISION:

Please find enclosed:

11/01/01 1-10 7150
412/15/05- 010905- 0017
*****70.00 *****70.00

1. An original Articles of Incorporation and one copy for the above named corporation.
2. A certified check or money order in the amount of \$ 70.00 for filing fees.

A certified copy ☐ is ☒ is not requested.

If a certified copy is requested, the additional fee in the amount of \$ N/A is enclosed.

35 FEB 16 PM 2:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

suffix

Please send responses or receipts concerning this filing to the above address.
Thank you very much.

Date: 2-13-95

Name of Incorporator:

Zoltan Mayer, M.D.

Signature of Incorporator:

Zoltan Mayer, M.D.

6015-3663
1/1
2/1



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthum
Secretary of State

February 16, 1995

ZOLTAN MAYER, M.D.
TRANSATLANTIC HEALTH RESOURCES
120 LIFESTYLE BLVD., #312
PALM HARBOR, FL 34685

SUBJECT: TRANSATLANTIC HEALTH RESOURCES,
Ref. Number: W95000003663

We have received your document for TRANSATLANTIC HEALTH RESOURCES and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

IF { The specific nature of business of the professional association must be stated in the document.

IF { The only acceptable corporate suffixes for professional associations are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED.

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) 487-6924.

Sharon Tala
Document Specialist Supervisor

Letter Number: 495A00007157

*Note I have elected to use TRANSATLANTIC HEALTH
RESOURCES CORPORATION*

In addition I will form a separate company:

*Zoltan Mayer, M.D., P.A.
which is a separate issue, and please disregard it
for this filing.*

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF INCORPORATION
of

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95 FEB 16 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to Chapter 607 of the Florida Business Corporation Act, the undersigned Incorporator submits these articles of Incorporation for the purpose of forming a for-profit corporation.

Article 1. The name of the Corporation is:
TRANSATLANTIC HEALTH RESOURCES Corporation

Article 2. The principal place of business and mailing address of this corporation is:
120 Lifestyle Blvd. # 312 Palm Harbor, Pinellas County, Zip: 34685

Article 3. The corporation is authorized to issue one class of stock, that being 1,000 shares of no par value, common stock, with identical rights and privileges, the transfer of which is restricted according to the bylaws of the corporation.

Article 4. The name and address of the corporation's initial registered agent is:
Zoltan Mayer, M.D. 120 Lifestyle Blvd #312 Palm Harbor, Fl. 34685

Article 5. The name and street address of the incorporator of this corporation is:
Zoltan Mayer, M.D. 120 Lifestyle Blvd. #312 Palm Harbor, 34685

Article 6. No Director shall be held liable to the corporation or its shareholders for monetary damages due to a breach of fiduciary duty, unless the breach is a result of self-dealing, intentional misconduct, or illegal actions.

In witness whereof, the undersigned Incorporator has executed these Articles of Incorporation on the date below. The undersigned Incorporator hereby declares, under penalty of perjury, that the statements made in the forgoing Articles of Incorporation are true, and that the Incorporator is at least eighteen years of age.

Date: 2/13/95

Name of Incorporator:

Zoltan Mayer, M.D.

Signature of Incorporator:

Zoltan Mayer, M.D.

**CERTIFICATE OF DESIGNATION
OF
REGISTERED OFFICE AND REGISTERED AGENT**

Pursuant to section 607.0501 of The Florida Business Corporation Act, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office and registered agent, in the State of Florida.

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95 FEB 15 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name and address of the corporation's registered agent and registered office is:

Name Zoltan Mayer, M.D.

Street address

120 Lifestyle Blvd. # 312 Palm Harbor, FL. 34685

Having been named as the 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.

Signature of registered agent:

Zoltan Mayer, M.D.

Date of signature:

2-13-95