

99500021438  
TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

SUBJECT: VARIANGEL, P.A.  
(proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$ 122.50.

FROM: SARAH E. GILLIM, M.D.  
Name (printed or typed)  
12260 S.W. 47 STREET  
Address  
MIAMI, FL 33175-4910  
City, State, & Zip  
( 305 ) 229-1059  
Telephone Number

800001418488  
-03/01/95--01061--020  
\*\*\*\*122.50 \*\*\*\*122.50

Note: Please provide the original and one copy of the Articles.

NSK  
9/14/95

*[Handwritten signatures and notes]*  
00673 00673 00671  
WPC 4757  
018  
018



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

March 3, 1995

**SARAH E. GILLIM, M.D.**  
12260 S.W. 47 STREET  
MIAMI, FL 33175-4910

**SUBJECT: VARIANGEL, P.A.**  
Ref. Number: W95000004757

We have received your document for VARIANGEL, P.A. and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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

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) 487-6927.

**Kanut Khosia**  
Corporate Specialist

Letter Number: 595A00009588

**ARTICLES OF INCORPORATION**

**OF**

**VARIANGEL, P.A.**

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

**ARTICLE I NAME**

The name of the corporation shall be: VARIANGEL, P.A.

**ARTICLE II PRINCIPAL OFFICE**

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

12260 S.W. 47 STREET  
MIAMI, FL 33175-4910

**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: ONE HUNDRED NO PAR COMMON SHARES

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

SARAH E. GILLIM, M.D.  
12260 S.W. 47 STREET  
MIAMI, FL 33175-4910

FILED  
CORPORATION  
CHAS W. H. HARRIS

**ARTICLE V INCORPORATOR(S)**

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

SARAH E. GILLIM, M.D.  
12260 S.W. 47 STREET  
MIAMI, FL 33175-4910

Nature of Business

Pathology ~~and a limited liability~~

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

24 day of FEBRUARY, 19 95.

Sarah Gillim  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Articles of Incorporation  
Filing Fee - \$35

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned 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: VARIANGEL, P.A.  
\_\_\_\_\_

2. The name and address of the registered agent and office is:

SARAH E. GILLIM, M.D.

(NAME)

12260 S.W. 47 STREET

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL 33175-4910

(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 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 *Sarah Gill*

DATE 02/24/95

FILED  
MAR 1 1995  
STATE OF FLORIDA  
CLERK OF THE CIRCUIT COURT  
MIAMI COUNTY

P95000021438

As soon as you know your new address, mail this card to all of the people, businesses, and publications who send you mail.

For publications, tape an old address label over name and old address sections and complete new address.

Your Name (Print or type. Last name, first name, middle initial.) Variangel PA c/o Sarah Gillim					
Old Address	No. & Street 12260 SW 47th St	Apt./Suite No.	PO Box	RR No.	Rural Box No.
	City Miami, Fla	State FL	ZIP + 4 33175-		
New Address	No. & Street 3319 Dominica Ct	Apt./Suite No.	PO Box	RR No.	Rural Box No.
	City Punta Gorda Isles,	State FL	ZIP + 4 33950-		
Sign Here Sarah Gill		Date new address in effect 9/6/95		Keyline No. (if any)	

PS Form 3576, November 1990

RECEIVER: Be sure to record the above new address.

JW  
9-7-95

DEPT OF STATE - DIV OF CORP.

FROM:

MEISEL, TUTEUR & LEWIS

A PROFESSIONAL CORPORATION

CERTIFIED PUBLIC ACCOUNTANTS

101 ... Parkway  
New ... 07094-1000  
46 ... FAX (201) 228-6551

P9500021438

DATE 11/27/95

NEW ADDRESSES - PLEASE SEND ANNUAL REPORTS OF THESE CORPORATIONS TO ME - OR TO THE BELOW ADDRESSES

#1 VARIANGEL, P.A. # P95000021438  
% DR GILLIM  
3319 DOMINICA CT  
PUNTA GORDA, FL 33950 - 6372

#2 PUNTA GORDA RADIOLOGY, P.A. # P95-000021745  
% DR TURKEL  
3319 DOMINICA CT  
PUNTA GORDA, FL 33950 - 6372

THANK YOU.

Very TRULY Yours

SIDNEY TURKEL, CPA

upd 11/30/95

P95000021438

Sarah Gillim  
Requestor's Name

171051 Cypress Creek Rd.  
Address

Alva FL 33490-3307  
City/State/Zip Phone #

Office Use Only

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

000002027590--5  
-12/12/96--01085--002  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

- 1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
- 2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
- 3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
- 4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

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

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 checked="" 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

SH 12/23  
FILED  
96 DEC 12 AM 8:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Examiner's Initials



Florida Department of State, Sandra B. Morham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: VARIANGEL, P.A.

2. The mailing address of the corporation is: 96 Dr. SARAH E. GILLIM 17651 CYPRESS CREEK RD, ALVA, FL 33920-3307

3. Date of incorporation/qualification: 3-14-95 Document number: P95000021438

4. The name and address of the current registered agent and office: SARAH E. GILLIM, M.D. 17651 CYPRESS CREEK RD ALVA, FL 33920 - 3307

FILED 86 DEC 12 AM 8:25 SECRETARY OF STATE ALAHASSEE, FLORIDA

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) SARAH E. GILLIM, M.D. SPR # 4

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Sarah Gillim M 17/10/196 (Signature of an officer, chairman or vice chairman of the board) (Date)

SARAH E. GILLIM, M.D. Pres, Secy - TREAS. (Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Sarah Gillim M 17/10/196 (Signature of Registered Agent) (Date)

If signing on behalf of an entity: (Typed or Printed Name)

(Capacity)