P96000021438

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.

00678 0067 0671-
W96-4759

KSK
9/14/95

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 Khosla
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

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 associated services~~

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

24 day of FEBRUARY, 19 95.

Sarah Gillim MD
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

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 Gillin					
Old Address	No. & Street 12260 SW 47th St	Apt./Suite No.	PO Box	RR No.	Rural Box No.
	City Miami,	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 Gillin		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

TO: DEPT OF STATE - DIV OF CORP.
P.O. BOX 6327
TALLAHASSEE, FL 32314

P95000021438

FROM:

MEISEL, TUTEUR & LEWIS
A PROFESSIONAL CORPORATION
CERTIFIED PUBLIC ACCOUNTANTS
10[illegible] Parkway
[illegible] New [illegible]ey 07068-1086
[illegible] FAX (201) 228-6551

SUBJ:

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. # P95-00002 1745
% DR TURKEL
3319 DOMINICA CT
PUNTA GORDA, FL 33950-6372

THANK YOU.

VERY TRULY YOURS

SIDNEY TURKEL, CPA

upd 11/30 gp

P95000021438

Sarah Gillin
Requestor's Name

171051 Cypress Creek Rd.
Address

Alva FL. 33920-3307
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 ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/ Director
/	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

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

SH 12/23

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

Examiner's Initials	

CR2E031(1/95)

Florida Department of State, Sandra B. Mortham, 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: C/o 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
96 DEC 12 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

SARAH E. GILLIM, M.D.
SAME #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 MD 12/10/96
(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 MD 12/10/96
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

(Typed or Printed Name) (Capacity)

CR2E045(1/95) FILING FEE: $35.00