

PY5000024534

TRANSMITTAL LETTER

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

600001440806
-03/27/95--01105--012
***131.25 ***131.25

SUBJECT: SPECIAL SURGERY RESOURCES & REPAIR, INC
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM:

DAVE STRICKLAND

Name (printed or typed)

2203 MAJESTIC WOODS BLVD.

Address

APOPKA, FL 32712

City, State & Zip

(407) 886-6799

Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:11

NOTE: Please provide the original and one copy of the articles.

KAN 3-28

95 MAR 27 AM 10:11

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:

SPECIAL SURGERY RESOURCES & REPAIR, INC.

ARTICLE II PRINCIPAL OFFICE

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

2203 MAJESTIC WOODS BLVD.
APOPKA, FL 32712

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DAVE STRICKLAND
2203 MAJESTIC WOODS BLVD.
APOPKA, FL 32712

ARTICLE V INCORPORATOR(S)

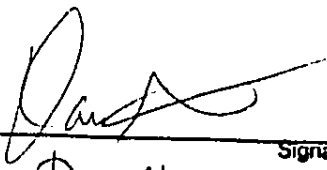
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

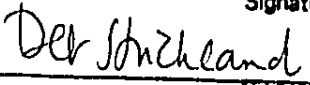
DAVE STRICKLAND
2203 MAJESTIC WOODS BLVD.
APOPKA, FL 32712

DEB STRICKLAND
2203 MAJESTIC WOODS BLVD.
APOPKA, FL 32712.

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

21st day of MARCH, 1995.



Signature


Signature

Signature

**Articles of Incorporation
Filing Fee - \$35**

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

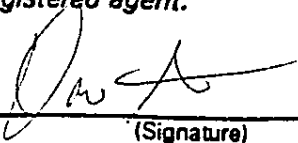
PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: SPECIAL SURGERY RESOURCES &
REPAIR, INC.

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

DAVE STRICKLAND
(Name)
2203 MAJESTIC WOODS BLVD.
(P.O. Box ~~not~~ acceptable)
APOPKA, FL 32712
(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)

3-21-95
(Date)

P95000024534

OFFICE USE ONLY

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
95 SEP -8 PM 2: 54

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

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

☐ Walk in ☐ Pick up time _____

☐ Certified Copy

400001582304

-09/12/95--01055--012

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of State ***35.00 *****35.00

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 checked="" type="checkbox"/>	Amendment <i>MC</i>
<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

RECEIVED
95 SEP -8 PM 1: 01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TLL SEP 8 1995

Examiner's Initials

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 SEP -8 PM 2: 54

SPECIAL SURGERY RESOURCES & REPAIR, INC.

(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

ARTICLE 1 NAME

AMENDED AS FOLLOWS:

SPECIAL SURGERY RESOURCES AND REPAIR OF
CENTRAL FLORIDA, INC.

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THIRD: The date of each amendment's adoption: 9-1-95 .

FOURTH: Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

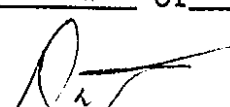
"The number of votes cast for the amendment(s) was/were sufficient for approval by _____ voting group."

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this day 5TH of SEPTEMBER, 19 95.

Signature


(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholder)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

DAVE STRICKLAND

Typed or printed name

PRESIDENT

Title

P.O. BOX 916223
LONGWOOD, FL 32791-6223
1-877-884-5441