

195000078417

TRANSFERRAL LETTER

FILED

95 APR -6 PM12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: Clinical & Surgical Associates, P.A. (A Professional Association)
(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

Additional Copy Required

FROM: Sean Ryan
Name (printed or typed)

8944 Sonoma Lake
Address

Boca Raton, FL 33434
City, State & Zip

407 451-4629
Daytime Telephone number

500001450075
-04/07/95--01010--014
*****78.75 *****78.75

APR 10 1995 BSB

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

ARTICLES OF INCORPORATION OF

FILED

95 APR -6 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Clinical & Surgical Associates, P.A.

A Professional Association

The undersigned incorporator, for the purpose of forming a Professional Association under Florida's Professional Service Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE 1: NAME

The name of the Professional Association shall be: Clinical & Surgical Associates,
P.A.

ARTICLE 2: PRINCIPAL PLACE OF BUSINESS

The principal place of business of this Professional Association shall be (give street
address and zip code): 8944 Sonoma Lake, Boca Raton, FL 33434

ARTICLE 3: SHARES

All stock issued by this Professional Association shall be common voting stock of a single class. The number of shares of stock that this Professional Association is authorized to have outstanding at any time is: 100,000

ARTICLE 4: INITIAL REGISTERED AGENT AND REGISTERED OFFICE

The name of the initial registered agent is Sean Ryan
whose registered office is located at the place of business stated in Article 2 above.

ARTICLE 5: PURPOSE AND RESTRICTIONS

The purpose for which the Professional Association is organized is to engage in the licensed practice of Medicine under regulation of the Florida Department of Professional Regulation. No officer, shareholder, employee, or agent shall practice any other occupation on behalf of, or in the name of, this Professional Association, except to the extent allowed by Florida law. No person shall become an officer, shareholder, employee, or agent of this Professional Association who does not possess a license to engage in the same occupation for which this Professional Association is organized except to the extent allowed by law. Should any such person lose the license to so practice, that person shall immediately sever all employment with, and financial interests in, this Professional Association.


ARTICLE 6: INCORPORATORS

The names and street addresses of the incorporators to these Articles of Incorporation are:

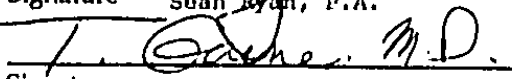
Sean Ryan
8944 Sonoma Lake
Boca Raton, FL 33434

Tay Gaines
1914 37 Street
W. Palm Beach, FL 33407

The undersigned incorporators have executed these Articles of Incorporation this 31
Day of March, 1995.



Signature Sean Ryan, P.A.



Signature Tay Gaines, M.D.

Signature

Signature

Signature

Articles of Incorporation
Filing Fee — \$35.00

FILED

95 APR -6 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: Clinical & Surgical Associates, P.A.

(A Professional Association)

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

Sean Ryan

(Name)

8944 Sonoma Lake

(P.O. Box or Mail Drop Box **NOT** acceptable)

Boca Raton, FL 33434

(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.

Sean Ryan
(Signature)

March 29, 1995

(Date)