

# CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 100, Thomasville, GA 30280

Mailing Address: Post Office Box 3349, Thomasville, GA 30280

TOLL FREE No. 800.338.8655

FAX (904) 222-1222

**PA5000044564**

NAME \_\_\_\_\_

FIRM \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
One Day Service \_\_\_\_\_ Two Day Service \_\_\_\_\_

To us via \_\_\_\_\_ Return via \_\_\_\_\_

Master No. \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

*W95- 11715*

*LB6/8/95*

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE _____	_____	_____	_____
TIME _____	_____	_____	CK No. _____
BY _____	_____	_____	_____

WALK-IN  
Will Pick Up \_\_\_\_\_

C.C. FEE DISBURSED

Capital Express™  
Art of Inc. File  
Corp. Record Search  
Ltd. Partnership File  
Foreign Corp. File  
( ) Cert. Copy(s)

Art of Amend. File  
Dissolution/Withdrawal  
C U S  
Fictitious Name File

Name Reservation  
Annual Report/Restatement  
Reg. Agent Service  
Document Filing

Corporate Kit  
Vehicle Search  
Driving Record  
Document Retrieval

UCC 1 or 3 File  
UCC 11 Search  
UCC 11 Retrieval  
File No.'s, Copies

Courier Service  
Shipping/Handling  
Phone ( )  
Top Priority  
Express Mail Prep  
FAX ( ) pgs

## SUBTOTALS

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$
	\$

Please remit invoice number with payment  
TERMS: NET 10 DAYS FROM INVOICE DATE  
1 1/2% per month on Past Due Amounts  
Past 30 Days, 18% per Annum

THANK YOU  
from  
Your Capital Connection



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

June 8, 1995

CAPITAL CONNECTION  
P.O. BOX 10349  
TALLAHASSEE, FL 32302

SUBJECT: MEDICAL VENTURES OF SOUTH FLORIDA, INC.  
Ref. Number: W95000011715

We have received your document for MEDICAL VENTURES OF SOUTH FLORIDA, INC. and your check(s) totalling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must include original signatures.

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) 487-6928.

Agnes Bundick  
Corporate Specialist

Letter Number: 795A00028320

**ARTICLES OF INCORPORATION**  
**OF**  
**MEDICAL VENTURES OF SOUTH FLORIDA, INC.**

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: Medical Ventures of South Florida, Inc.

**ARTICLE II PRINCIPAL OFFICE**

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

3201 W. Commercial Blvd. Suite 225  
Fort Lauderdale, FL 33309

**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000 Shares and \$1.00 par value

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

The name and address of the initial registered agent is:

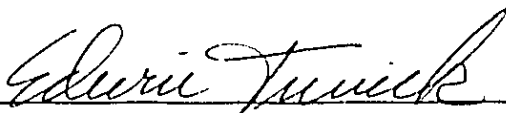
Edwin Tunick  
3201 W. Commercial Blvd. Suite 225  
Fort Lauderdale, FL 33309

**ARTICLE V. INCORPORATOR(S)**

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

Edwin Tunick  
3201 W. Commercial Blvd. Suite 225  
Fort Lauderdale, FL 33309

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 7  
day of JUNE, 1995.

  
\_\_\_\_\_  
Signature

**CERTIFICATE OF DESIGNATION OF  
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: Medical Ventures of South Florida, Inc.
2. The name and address of the registered agent and office is:

Edwin Tunick  
3201 W. Commercial Blvd. Suite 225  
Fort Lauderdale, FL 33309

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: \_\_\_\_\_

*Edwin Tunick*

DATE: \_\_\_\_\_

*JUNE 7, 1995*

FILED  
JUN 10 1995  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF DADE  
FLORIDA