

P95 0000 45285

TRANSMITTAL LETTER

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

FILED  
95 JUN -6 PM 5:21  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

SUBJECT: CHARLES DELAWARE SURGERY ASSISTANCE, INC  
(Proposed corporate name - must include suffix)

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

\$ 78.75

Filing Fee &  
Certificate

400001506474  
-06/06/95--01059--017  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

FROM: Charles Delaware  
Name (printed or typed)  
5518 Manatee Point Drive  
Address  
New Port Richey, Fl 34652  
City, State & Zip  
(813) 845-4044  
Daytime Telephone Number

NOTE: PLEASE PROVIDE THE ORIGINAL AND ONE COPY OF THE ARTICLES.

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TALLAHASSEE, FLORIDA

## 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:

CHARLES DELAWARE SURGERY ASSISTANCE, INC.

### ARTICLE II      PRINCIPAL OFFICE

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

5518 MANATEE POINT DRIVE  
New Port Richey, Fl 34652

### ARTICLE III      SHARES

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

500

### ARTICLE IV      INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Charles Delaware  
5518 Manatee Point Drive  
New Port Richey, Fl 34652

**ARTICLE V INCORPORATOR(S)**

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

Charles Delaware  
5518 Manatee Point Drive  
New Port Richey, Fl 34652

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

17th day of May, 19 95.

Charles Delaware  
Signature

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: Charles Delaware Surgery Assistance, Inc.

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

Charles Delaware  
(Name)  
5518 Manatee Point Drive  
(P.O. Box not acceptable)  
New Port Richey, Fl 34652  
(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.

Charles Delaware  
Signature

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TALLAHASSEE, FLORIDA

P95-45285

STATE OF FLORIDA  
OFFICE OF THE COMPTROLLER  
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section \_\_\_\_\_, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: Charles Delaware Surgery Assistance, Inc. EIN or SS#: 59-3329646

Address: 5518 Manatee Point Dr.  
New Port Richey, FL 34652

Amount: \$225 Date Paid 7-18-96

Reason for claim: P95000045285 - duplicate  
payment thru AK

Certified true and correct this 6 day of August, 19 96.

Signature [Signature]

\* Must be completed if authority is other than Section 215.26, Florida Statutes.

<b>For Agency Use Only</b>	
Agency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended refund \$ <u>225</u> .	
The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No. <u>907343</u> dated <u>7-18-96</u> .	
Name of Account	<u>45202130001453000000000010000</u>
Statutory Authority for Collection	<u>607</u>
It is requested that payment be made from the following account:	
NAME OF ACCOUNT:	<u>452021300014530000000022002000</u>
Certified true and correct this _____ day of _____, 19 ____.	
Department of State, Division of Corporations (Agency)	(Authorized Signature and Title)