

P95000056577

TODD A. STERZOY
Holland and Knight

(Requestor's Name)
315 South Calhoun Street Suite 600

(Address)
Tallahassee, Florida 32302

(City, State, Zip) (Phone #)

05 JUL 21 1995 38

OFFICE OF THE SECRETARY OF REVENUE

OFFICE USE ONLY

700001542877
-07/21/95--01010--013
*****70.00 *****70.00

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

1. Bull Spring Medical Services, Inc
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 1:00 ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/> Profit	
<input type="checkbox"/> NonProfit	
<input type="checkbox"/> Limited Liability	
<input type="checkbox"/> Domestication	
<input type="checkbox"/> Other	

AMENDMENTS	
<input type="checkbox"/> Amendment	
<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	

Examiner's Initials

ARTICLES OF INCORPORATION
OF
GULF SHORES MEDICAL SERVICES, INC.

The undersigned, acting as incorporator of Gulf Shores Medical Services, Inc., under the Florida Business Corporation Act, adopts the following Articles of Incorporation.

ARTICLE I. NAME

The name of the corporation is:

Gulf Shores Medical Services, Inc.

ARTICLE II. COMMENCEMENT OF EXISTENCE

The existence of the corporation will commence on the date of filing of these Articles of Incorporation.

ARTICLE III. PURPOSES

The purposes for which the corporation is organized are to engage in the business of providing various medical services, supplies, and equipment, to conduct any business related or incident thereto, and to conduct all other business permitted under the laws of Florida and the United States of America.

ARTICLE IV. AUTHORIZED SHARES

The maximum number of shares that the corporation is authorized to have outstanding at any time is 1000 shares of common stock having a par value of \$1.00 per share. The consideration to be paid for each share shall be fixed by the board of directors and may be paid in whole or in part in cash or other property, tangible or intangible, or in labor or services actually performed for the corporation, with a value, in the judgment of the directors, equivalent to or greater than the full par value of the shares.

ARTICLE V. INITIAL ADDRESS

The initial mailing address and the address of the initial principal office of the corporation is 7069 South Tamiami Trail, Suite B, Sarasota, Florida 34231.

ARTICLE VI. INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the corporation is 701 Brickell Avenue, Miami, Florida 33131, and the name of the corporation's initial registered agent at that address is Intrastate Registered Agent Corporation.

ARTICLE VII. INCORPORATOR

The street address of the incorporator is 315 South Calhoun Street, Suite 600, Tallahassee, Florida, and the name of the incorporator is Morris H. Miller. The incorporator assigns to the corporation his rights under the Florida Business Corporation Act to constitute a corporation, and he assigns to those persons designated by the board of directors any rights he may have as incorporator to acquire any of the capital stock of this corporation, this assignment becoming effective on the date corporate existence begins.

ARTICLE VIII. BYLAWS

The power to adopt, alter, amend, and repeal bylaws shall be vested in the board of directors and shareholders.

ARTICLE IX. AMENDMENTS

The corporation reserves the right to amend or repeal any provision in these Articles of Incorporation in the manner prescribed by law.

Executed this 21st day of July, 1995.



Morris H. Miller
Incorporator

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

Gulf Shores Medical Services, Inc., desiring to organize under the laws of the State of Florida with its initial registered office, as indicated in the Articles of Incorporation, at 701 Brickell Avenue, City of Miami, County of Dade, State of Florida, has named Intrastate Registered Agent Corporation as its agent to accept service of process within this state.

ACKNOWLEDGMENT:

Having been named to accept service of process for the corporation named above, at the place designated in this certificate, the undersigned agrees to act in that capacity and to comply with the applicable provisions of the Florida Business Corporation Act, Chapter 607, Florida Statutes. The undersigned is familiar with, and accepts, the obligation provided under such statute relative to keeping open the registered office and providing records.

INTRASTATE REGISTERED AGENT
CORPORATION

By: Morris H. Miller
Morris H. Miller
As its Vice President

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

96 OCT -7 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000056577

Company Name

GULF SHORES MEDICAL SERVICES, INC.

Principal Office of Business

7069 SOUTH TAMiami TRAIL STE B
SARASOTA FL 34231

Mailing Address

7069 SOUTH TAMiami TRAIL STE B
SARASOTA FL 34231



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If above addresses are incorrect in any way, use through correct information and enter correction below

1. How Principal Office Address, If Applicable

2033 Main Street

Suite Apt # etc

Suite 300

City & State

SARASOTA, FL

Zip

34233

Country

USA

2. How Mailing Office Address, If Applicable

2033 Main Street

Suite Apt # etc

Suite 300

City & State

SARASOTA, FL

Zip

34237

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/21/1995

5. FEE Number

65-0594432

Applied For

How, applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
C/P	JAMES O. McCAVER	2033 Main Street Suite 300	SARASOTA, FL 34237
D/SV	Pat McCAVER	2033 Main Street Suite 300	SARASOTA, FL 34237
V/S	William A. Johnson	2033 Main Street Suite 300	SARASOTA, FL 34237

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****383.75 ****383.75

8/10/96

8. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name
William A. Johnson
Street Address (P.O. Box Number is Not Acceptable)
2033 Main Street
Suite Apt #, Etc
Suite 300
City
SARASOTA
State
FL
Zip Code
34237

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *William A. Johnson*
REGISTERED AGENT MUST SIGN

Date 9/23/96

11 Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

I, the undersigned, an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S., further certify that when filing this application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid, and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(b), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

William A. Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William A. Johnson Vice President, Secretary

9/23/96 (941) 952-9411
Date Daytime Phone #