

# P9600000000207

## CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870  
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302  
 TOLL FREE No. 1-800-342-8062  
 FAX (904) 222-1222

No 52260

RE: Florida Vascular  
Clinic, Inc.

NAME \_\_\_\_\_  
 FIRM \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

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

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

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

Matter No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

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

EFFECTIVE DATE:

1-1-96

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 95 JAN -2 PM 2:18

JAN - 2 1995

REQUEST TAKEN CONFIRMED APPROVED

DATE \_\_\_\_\_

TIME NC CK No. \_\_\_\_\_

BY NC

WALK-IN 12:12  
 Will Pick Up 12:00

C.C. FEE. DISBURSED

☒ Original 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/Reinstatement \_\_\_\_\_  
 Reg. Agent Service \_\_\_\_\_  
 Document Filing \_\_\_\_\_

Corporate Kit \_\_\_\_\_  
 Vehicle Search \_\_\_\_\_  
 Driving Record \_\_\_\_\_  
 Document Retrieval \_\_\_\_\_

500001675235

-01/02/96-01052-011

\*\*\*\*122-50-\*\*\*\*122-50

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

RECEIVED  
 95 JAN -2 AM 10:41  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 JAN -2 PM 2:18

**ARTICLES OF INCORPORATION**  
**OF**  
**FLORIDA VASCULAR CLINIC, INC.**

EFFECTIVE DATE

**ARTICLE I. NAME**

1-1-96

The name of this corporation is **FLORIDA VASCULAR CLINIC, INC.**

**ARTICLE II. DURATION**

This corporation shall begin its existence on the 1<sup>ST</sup> day  
of ~~December, 1995.~~ JANUARY, 1996.

**ARTICLE III. PURPOSE**

This corporation is organized for the purpose of engaging in any activity or business permitted under the laws of the United States and the State of Florida.

**ARTICLE IV. CAPITAL STOCK**

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

SEVEN THOUSAND FIVE HUNDRED (7,500) Shares of  
Common Stock having a Nominal or Par Value of  
ONE DOLLAR (\$1.00) per share.

**ARTICLE V. PREEMPTIVE RIGHTS**

Every shareholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE VI. INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is 907 Webster Street, Leesburg, Florida, and the name of the initial registered agent of this corporation is Charles D. Johnson, Esquire.

ARTICLE VII. PRINCIPAL OFFICE

The address of the principal office is 3550 SW 34th Street, Suite M, Gainesville, FL 32608. The preferred mailing address is same.

ARTICLE VIII. INITIAL BOARD OF DIRECTORS

This corporation shall have three (3) directors, initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The name(s) and address(es) of the initial director(s) of this corporation is(are):

<u>NAME</u>	<u>ADDRESS</u>
PAUL W. FRANCK	3550 SW 34th Street Gainesville, FL 32608
MICHAEL HERBERT INGRAM	3550 SW 34th Street Gainesville, FL 32608
F.W. INGRAM	3550 SW 34th Street Gainesville, FL 32608

ARTICLE IX. INCORPORATOR

The name and address of the person(s) signing these Articles of Incorporation is(are):

<u>NAME</u>	<u>ADDRESS</u>
PAUL W. FRANCK	3550 SW 34th Street Gainesville, FL 32608

ARTICLE X. INDEMNIFICATION

The corporation shall indemnify any officer, director, agent or employee or any former officer, director, agent or employee to the full extent permitted by law.

ARTICLE XI. AMENDMENT

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber(s) has(have) executed these Articles of Incorporation this 19th day of December, 1995.

  
PAUL W. FRANCK, Subscriber

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 JAN -2 PM 2:10

Pursuant to the provisions of Section 607.0501, 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: **FLORIDA VASCULAR CLINIC, INC.**
2. The name and address of the registered agent and office  
is: **Charles D. Johnson**  
**907 Webster Street**  
**Leesburg, FL 34748**

SIGNATURE

Paul W. Frank  
(Corporate Officer)

TITLE

Secretary/Treasurer

DATE

12-19-95

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

Paul W. Frank

DATE

12-28-95