

P960000009752

## TRANSMITTAL LETTER

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

241 11 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42

SUBJECT: Island Coast Medical Services, Inc.  
(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:

Dr. Michael G. Raymond

Name (printed or typed)

13691 Metro Parkway, Suite 110

Address

Ft. Myers, Florida 33912

City, State & Zip

941-768-5077

Daytime Telephone number

000001700280  
-01/28/96--01057--011  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

FAL JAN 31 1995

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



January 26, 1996

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

Re: Island Coast Medical Services, Inc.

Dear Sir or Madam:

Please find enclosed the following:

1. One (1) Transmittal Letter;
2. One (1) Original Articles of Incorporation; and
3. Check in the amount of \$78.75 for filing fees.

I respectfully request that you take whatever steps are necessary to incorporate Island Coast Medical Services, Inc. in the State of Florida.

If you have any questions, please do not hesitate to contact me. Thank you for your assistance and cooperation in this matter.

Sincerely,

Caroline A. Johnson

Enclosures

RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 JAN 29 PM 1:42

## 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:

Island Coast Medical Services, Inc. .

### ARTICLE II PRINCIPAL OFFICE

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

13691 Metro Parkway  
Suite 110  
Ft. Myers, Florida 33912

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 7000

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Dr. Michael G. Raymond  
13691 Metro Parkway  
Suite 110  
Ft. Myers, Florida 33912

**ARTICLE V INCORPORATOR(S)**  
**See instructions for officers/directors**


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

Dr. Michael G. Raymond  
13691 Metro Parkway  
Suite 110  
Ft. Myers, Florida 33912

Dr. Michael J. McCleod  
(name)

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

11 day of January, 19 96.

  
\_\_\_\_\_  
Michael G. Raymond, M.D. Signature

  
\_\_\_\_\_  
Michael J. McCleod, M.D. Signature  
D.O.

\_\_\_\_\_  
Signature

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

RECEIVED  
DIVISION OF CORPORATIONS  
95 JAN 20 PM 1:00

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

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: Island Coast Medical Services, Inc.

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

Dr. Michael G. Raymond

(NAME)

13691 Metro Parkway, Suite 110

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

Ft. Myers, Florida 33912

(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.*

  
(SIGNATURE)

1/2/96  
(DATE)