

# 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

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 \$ \_\_\_\_\_

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	3/25		
TIME	5:30		CK No. _____
BY	JD		

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

RE:

Center for Activities

Cardiology 25 MAR 25 AM 9:43

SECTION OF STATE DISBURSED  
TALLAHASSEE, FLORIDA

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/Reinstatement	
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

**ARTICLES OF INCORPORATION**

**OF**

**CENTER FOR ADVANCED CARDIOLOGY, INC.**

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

**ARTICLE I: NAME**

The name of the corporation is **CENTER FOR ADVANCED CARDIOLOGY, INC.**

**ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of the corporation is 323 Fairway Ct., Atlantis, FL 33462.

**ARTICLE III: CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares having no par value.

**FILED**

96 MAR 25 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

#### **ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is Gerald K. Parker, 909 N.E. 9th Av., suite #206, Delray Beach, FL 33483.

#### **ARTICLE V: INCORPORATOR**

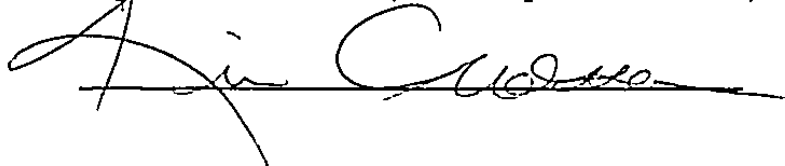
The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

#### **ARTICLE VI: INITIAL BOARD OF DIRECTORS**

The name and address of the initial Board of Directors of the corporation is Gerald K. Parker, 323 Fairway St., Atlantis, FL 33462.

The undersigned has executed these Articles of Incorporation this 25th day of March 1996.

"Capital Connection, Inc. by Kim Crosson, Office Manager"

A handwritten signature in black ink, appearing to read "Kim Crosson", is written over a horizontal line.

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

FILED

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the state of Florida, submits the statement in designating the registered office/registered agent, in the state of Florida.

96 MAR 25 AM 9:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of the corporation is: CENTER FOR ADVANCED CARDIOLOGY, INC.

2. The name and street address of the registered agent and office is: Gerald K. Parker

909 N.E. 9th Av. suite # 206

Delray Beach, Fl 33483

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.

