

P96000090596

TRANSMITTAL LETTER

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

FILED
6 NOV -5 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700001995847--2
-11/05/96--01081--001
*****70.00 *****70.00

SUBJECT: Regional Coastal Surgical Associates, 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

RECEIVED
96 NOV -5 AM 10:11
DIVISION OF CORPORATION

FROM: Nicholas Yonclas, Esq.
Name (printed or typed)
325 North Calhoun Street
Address
Tallahassee, FL 32301
City, State & Zip
904/681-0633
Daytime Telephone number

Call when Ready

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

NE NOV 5 1996

ARTICLES OF INCORPORATION

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 shall be:

Regional Coastal Surgical Associates, Inc,

ARTICLE II PRINCIPAL OFFICE

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

**1824 Sea Oat Drive
St George Island, Florida 32328.**

ARTICLE III SHARES

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

1,000 shares.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**R. Scott Smith
1824 Sea Oat Drive
St George Island, Florida 32328**

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INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

**R. Scott Smith
1824 Sea Oat Drive
St George Island, Florida 32328**

The undersigned incorporator has executed these Articles of Incorporation this 4th day of November, 1996.


R. Scott Smith

**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: **Regional Coastal Surgical Associates, Inc.**

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

**R. Scott Smith
1824 Sea Oat Drive
St George Island, Florida 32328**

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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.


R. Scott Smith

November 4, 1996