

PA7000047507  
TRANSMITTAL LETTER FILED

97 MAY 30 AM 11:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

SUBJECT: INTERNATIONAL SURGICAL SOLUTIONS, INC.  
(Proposed corporate name - must include suffix)

800002186718--1  
-05/21/97--01070--010  
\*\*\*\*131.25 \*\*\*\*131.25

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: MR. JAMES E. ROBBINS  
Name (Printed or typed)

460 PRAIRIE LAKE COVE  
Address

ALTAMONTE SPRINGS, FLORIDA 32701  
City, State & Zip

1-(407) 830-6968  
Daytime Telephone number

1800 796-7363

PIN#  
#10270457  
Boorer

AUTHORIZATION BY PHONE TO  
Article IV & V  
address -  
OK 5/30/97

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

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## 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:

*INTERNATIONAL SURGICAL SOLUTIONS, INC.*

### ARTICLE II PRINCIPAL OFFICE

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

*ADDRESS 8 460 PRAIRIE LAKE COVE  
ALTAMONTE SPRINGS, FLORIDA 32701*

### 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:

*MR. JAMES E. ROBBINS  
460 PRAIRIE LAKE COVE  
ALTAMONTE SPRINGS, FLORIDA 32701*

**ARTICLE V INCORPORATOR(S)**

**See instructions for officers/directors**

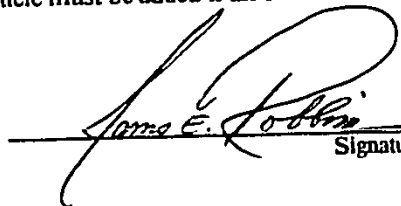
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

MR. JAMES E. ROBBINS  
460 PRAIRIE LAKE CIRCLE  
ALTAMONTE SPRINGS, FLORIDA 32701

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

18<sup>TH</sup> day of MAY, 19 97.

(An additional article must be added if an effective date is requested.)

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

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

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**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 INTERNATIONAL SURGICAL SOLUTIONS, INC.
2. The name and address of the registered agent and office is:

MR. JAMES E. ROBBINS  
(NAME)

460 PRAIRIE LAKE CIRCLE  
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

ALTAMONTE SPRINGS, FLORIDA 32701  
(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.*

James E. Robbins  
(SIGNATURE)

5/18/97  
(DATE)