

TRANSMITTAL LETTER

P97000102081

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 DEC -1 AM 8:43

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-12/01/97--01122--002  
\*\*\*\*131.25 \*\*\*\*131.25

SUBJECT: International Vascular Clinic of Clearwater 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: Joseph S. Gregorius  
Name (Printed or typed)

12001 9th Street N. Apt 4402  
Address

St. Petersburg, FL 33716  
City, State & Zip

(813) 579-9265  
Daytime Telephone number

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

D. BROWN DEC - 4 1997

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## ARTICLES OF INCORPORATION

OF

### INTERNATIONAL VASCULAR CLINIC OF CLEARWATER INC.

#### ARTICLE I

The name of the Corporation is INTERNATIONAL VASCULAR CLINIC OF CLEARWATER INC..

#### ARTICLE II

The principal place of business and mailing address of this corporation shall be 4625 EAST BAY DR. SUITE 228, CLEARWATER, FL 34624.

#### ARTICLE III

The aggregate number of shares which the Corporation has authority to issue is 100 shares of common stock with no par value.

#### ARTICLE IV

The address of the initial registered office of the Corporation is 4625 EAST BAY DR. SUITE 228, CLEARWATER, Florida 34624, and the name of the Corporation's initial registered agent for service of process at such address is JOSEPH S. O'HARA.

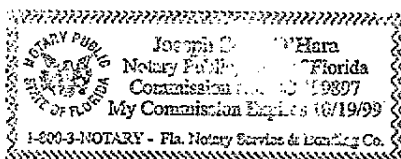
#### ARTICLE V

The name and address of the incorporator to these Articles of Incorporation is:  
<sup>228</sup>  
JOSEPH S. GREGORIUS, 4625 EAST BAY DR. SUITE ~~201~~, CLEARWATER, FL 34624.

IN WITNESS WHEREOF, I have hereunto set my hand this 28TH day of

NOVEMBER, 1997.

*Joseph S. Gregorius*  
JOSEPH S. GREGORIUS <sup>228</sup>  
4625 EAST BAY DR. SUITE ~~201~~, CLEARWATER,  
FL 34624



JOSEPH SCOTT O'HARA  
PERSONALLY KNOWN ☒ OR PRODUCED IDENTIFICATION ☐  
TYPE OF I.D. PRODUCED \_\_\_\_\_

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

FILED  
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DIVISION OF CORPORATIONS  
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Pursuant to the provisions of sections 607.0501 or 617.0501, 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.

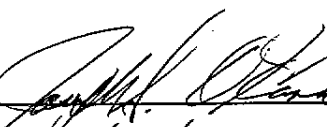
1. The name of the corporation is: INTERNATIONAL VASCULAR CLINIC OF CLEARWATER INC.
2. The name of the registered agent and office is:

JOSEPH S. O'HARA  
4625 EAST BAY DR. SUITE 228, CLEARWATER, Florida 34624

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

DATE

  
11/28/97