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December 11, 1997

Secretary of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

600002411356--9  
-01/26/98--01036--002  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Re: TRINITY OBG/YN WEST, INC.

To Whom It May Concern:

Enclosed please find the original and one copy of the Article of Incorporation, as referred above, together with a check for \$70.00.

This represents the cost of Filing Fees for: Articles of Incorporation and fee for Registered Agent Designation.

Please stamp the extra copy and return at your earliest convenience.

Sincerely,

Christina Davis  
Trinity Medical Center, Inc.  
Administrative Offices

FILED  
98 JAN 26 PM 2:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Please Stamp & Return Copy

9/11-27-98

**ARTICLES OF INCORPORATION**

**Of**

**TRINITY OF OBG/YN WEST, INC.**

**FILED**  
**98 JAN 26 PM 2:58**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**The undersigned subscriber to these articles of incorporation, a natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.**

**ARTICLE I – CORPORATE NAME**

**The name of the corporation: TRINITY OF OBG/YN WEST, INC.**

**ARTICLE II – DURATION**

**This corporation shall exist perpetually unless dissolved according to Florida law.**

**ARTICLE III – PURPOSE**

**This corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.**

**ARTICLE IV – CAPITAL STOCK**

**The corporation is authorized to issue FIVE HUNDRED (500) shares of ONE Dollar (\$ 1.00) par value Common Stock, which shall be designated “ Common Shares”.**

**ARTICLE V – INITIAL REGISTERED OFFICE AND AGENT**

**PETER FELDMAN  
7900 GLADES ROAD  
SUITE 655  
BOCA RATON, FL 33434**

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

**This corporation shall have one director initially. The number of directors may be either increased or decreased from time to time by the By - Laws, but shall never be less than one (1). The names and addresses of the initial director of the corporation are as follows:**

**KENNETH B. KASSIN  
1736 E. COMMERCIAL BLVD.  
FORT LAUDERDALE, FL 33308**

## **ARTICLE VII – OFFICERS**

**The following individual shall hold office for the Corporation as designated below:**

**KENNETH B. KASSIN \_\_\_\_\_ PRESIDENT**

**KENNETH B. KASSIN \_\_\_\_\_ VICE PRESIDENT**

**KENNETH B. KASSIN \_\_\_\_\_ SECRETARY TREASURER**

## **ARTICLE VIII – INCORPORATORS**

**The name and address of the person signing these articles of Incorporation are as follows:**

**KENNETH B. KASSIN  
1736 E. COMMERCIAL BLVD.  
FORT LAUDERDALE, FL 33308**

## **ARTICLE IX – PRINCIPAL PLACE OF BUINESS**

**The principal place of business of the corporation is as follows:**

**1736 E. COMMERCIAL BLVD.  
FORT LAUDERDALE, FLORIDA 33308**

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.

X   
KENNETH B. KASSIN

STATE OF FLORIDA     )  
                                  ) SS:  
COUNTY OF BROWARD )

BEFOR ME, a Notary Public authorized to acknowledgements in the State and County set forth above, personally appeared:

KENNETH B. KASSIN

Known to me and has provided the following information:

FLORIDA DRIVERS LICENSE -NO: K250-502-42-134-0  
(TYPE OF IDENTIFICATION)

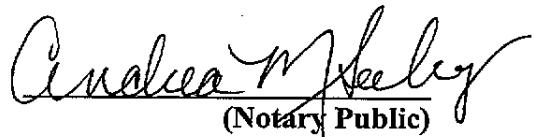
Known to me to be the person who executed the forgoing Articles of Incorporation, and who acknowledged before me that he executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 11<sup>th</sup> day of December, 1997.

My Commission expires:



Andrea M. Seeley  
MY COMMISSION # CC672095 EXPIRES  
August 14, 2001  
BONDED THRU TROY FAIN INSURANCE, INC.

  
(Notary Public)

Andrea M. Seeley  
(Printed Name of Notary)

**CERTIFICATE OF REGISTERED AGENT**

**Of**

**TRINITY OBG/YN WEST, INC.**

**Pursuant to Florida Statutes Sections 48.091 and 607.034, the following is submitted:**

**The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation at:**

**7900 Glades Road  
Suite 655  
Boca Raton, FL 33434**

**Has named PETER FELDMAN located at aforesaid address, as Registered Agent to accept service of process within this State.**

**Having been named to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept to in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.**



**Peter Feldman  
(Registered Agent)**

**The name and address of the Initial Registered Agent of This Corporation is:**

**Peter Feldman  
7900 Glades Road  
Suite 655  
Boca Raton, FL 33434**

**Date:** 1/26/98

**FILED**  
98 JAN 26 2:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA