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TRAPPE & DUSSEAULT, P. A.

ATTORNEYS AT LAW

236 McKenzie Avenue

POST OFFICE BOX 2526

PANAMA CITY, FLORIDA 32402-0160

Owen S. Trappe, Jr.  
Brian A. Dusseault

FILED  
98 FEB -2 PM 2:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Telephone  
(904) 769-6139

January 28, 1998

Return to  
P/O ASAP

Attorneys' Title Insurance Fund, Inc.  
660 East Jefferson Street, Suite 200  
Tallahassee, Florida 32301

700002417777--9  
-02/02/98-01006-004  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Attn: Barbara Keys

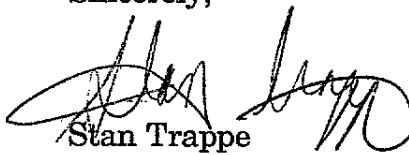
Re: Gulf Coast Orthopedic Associates, Inc.

Dear Ms. Keys:

Please find enclosed the original and a copy of the Articles of Incorporation for Gulf Coast Orthopaedic Associates, Inc. I have also enclosed a check in the amount of \$70.00 to cover the costs of the filing fees in this matter. I would appreciate your firm handling the delivery of these papers and returning the conformed copy of the Articles of Incorporation to me by regular mail.

Finally, I am enclosing a letter of authorization for your company to file the enclosed corporate documents. If you need any additional information, please do not hesitate to contact me.

Sincerely,

  
Stan Trappe

RECEIVED  
98 FEB -2 AM 8:29  
DIVISION OF CORPORATION

ST/med  
Enclosures

K. Rolfe FEB 2 1998

**TRAPPE & DUSSEAULT, P. A.**

**ATTORNEYS AT LAW**

*236 McKenzie Avenue*

*POST OFFICE BOX 2526*

**PANAMA CITY, FLORIDA 32402-0160**

*Owen S. Trappe, Jr.  
Brian A. Dusseault*

*Telephone  
(904)769-6139*

January 28, 1998

**LETTER OF AUTHORIZATION**

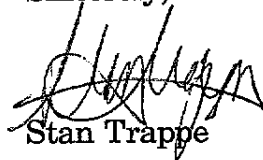
Attorneys' Title Insurance Fund, Inc.  
660 East Jefferson Street, Suite 200  
Tallahassee, Florida 32301

Re: Incorporation of Gulf Coast Orthopedic Associates, Inc.

TO WHOM IT MAY CONCERN:

You are hereby authorized to file the Articles of Incorporation for the above referenced corporation with the Secretary of State's Office in the State of Florida.

Sincerely,

  
Stan Trappe

ST/med

**TRAPPE & DUSSEAULT, P. A.**  
**ATTORNEYS AT LAW**

*236 McKenzie Avenue  
POST OFFICE BOX 2526*

**PANAMA CITY, FLORIDA 32402-0160**

*Owen S. Trappe, Jr.  
Brian A. Dusseault*

*Telephone  
(904)769-6139*

**January 28, 1998**

Secretary of State  
Corporate Division  
Post Office Box 6327  
Tallahassee, FL 32302

Re: **GULF COAST ORTHOPEDIC ASSOCIATES, INC.**

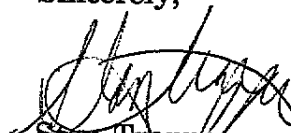
Dear Sir:

I have enclosed the original and one copy of the Articles of Incorporation of the above-named corporation. Please file the original and return a conformed copy to me for the corporate records.

I have enclosed my check payable to your order in the amount of \$70.00, representing a filing fee of \$35.00 and the \$35.00 Designation of Resident Agent fee.

If any additional information is needed or desired, please do not hesitate to contact me.

Sincerely,

  
Stan Trappe

ST/lcm

Enclosures

**ARTICLES OF INCORPORATION  
OF  
GULF COAST ORTHOPEDIC ASSOCIATES, INC.**

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I**

The name of this corporation shall be **GULF COAST ORTHOPEDIC ASSOCIATES, INC.**

**ARTICLE II**

This corporation shall have perpetual existence.

**ARTICLE III**

The primary purpose of this corporation shall be to engage in the business of operating a medical business and advertising to the general public and the transaction of any and all lawful business for which a corporation may be incorporated under the laws of the State of Florida.

**ARTICLE IV**

The amount of capital stock authorized shall be 1,000 shares of common stock having a par value of One Dollar (\$1.00) per share, making a total authorized capital stock of One Thousand and no/100 Dollars (\$1,000.00).

**ARTICLE V**

The street address of the corporation's initial registered office is 412 West 19th Street, Panama City, Florida 32405. The name of the corporation's initial registered agent at such address is **SAMUEL L. COMBS, III, M.D.** The street

address of the corporation's principal office is 412 West 19th Street, Panama City, Florida 32405. The street address of the registered office and business address is the same.

#### **ARTICLE VI**

The amount of capital with which this corporation shall begin its business ventures is not less than ONE THOUSAND AND NO/100 DOLLARS (\$1,000.00).

#### **ARTICLE VII**

The management of the corporate affairs of this corporation shall be managed by the Board of Directors.

#### **ARTICLE VIII**

The number of directors constituting the initial Board of Directors shall be not less than two (2) nor more than five (5).

#### **ARTICLE IX**

The name and address of each person who is to serve as a member of the initial Board of Directors are:

**SAMUEL L. COMBS, III, M.D.**, 412 West 19th Street, Panama City, Florida 32405.

**ROLAND W. McCARTHUR, M.D.**, 406 West 19th Street, Panama City, Florida 32405.

**JOSEPH P. GRACE, M.D.**, 410 West 19th Street, Panama City, Florida 32405.

LYNN C. GARNER, M.D., 645 Highway 231, Panama City, Florida  
32405.

KENNETH W. SMITH, D.O., 406 West 19th Street, Panama City,  
Florida 32405.

**ARTICLE X**

The name and address of the incorporator signing these Articles of  
Incorporation are as follows:

SAMUEL L. COMBS, III, M.D., 412 West 19th Street, Panama City,  
Florida 32405.

**ARTICLE XI**


These Articles of Incorporation may be amended in the manner provided  
by law.

IN WITNESS WHEREOF, the undersigned has made and subscribed  
this the Articles of Incorporation at Panama City, Florida, for the uses and purposes  
herein expressed this 28<sup>th</sup> day of January, 1998.

  
\_\_\_\_\_  
SAMUEL L. COMBS, III, M.D., Incorporator

STATE OF FLORIDA  
COUNTY OF BAY

The foregoing instrument was acknowledged before me this 28<sup>th</sup> day of  
January, 1998 by SAMUEL L. COMBS, III, M.D., who is personally known to me  
or who has produced \_\_\_\_\_ (type of identification) as  
identification and who did/did not take an oath.

  
\_\_\_\_\_  
Signature of Notary Public

Susan Andelyn Manis  
Notary Public  
Notary I.D. No. 461041  
Commission No. CC 368597  
April 24, 1994 through April 23, 1998

\_\_\_\_\_  
Printed Name of Notary Public

98 FEB -2 PM 2:43  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR  
DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS  
STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted in compliance with said Act:

First - That **GULF COAST ORTHOPEDIC ASSOCIATES, INC.**, desiring to organize under the laws of the State of Florida, with its principal office, as indicated in the Articles of Incorporation, at the City of Panama City, County of Bay, State of Florida, has named **SAMUEL L. COMBS, III, M.D.**, located at 412 West 19th Street, City of Panama City, County of Bay, State of Florida, as its agent to accept service of process within this State.

1128/98  
Dated

*Samuel L. Combs*  
**SAMUEL L. COMBS, III, M.D.**

**ACKNOWLEDGMENT: (MUST BE SIGNED BY DESIGNATED AGENT)**

Having been named to accept service of process for the above stated corporation, at the place designated in this Certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to keeping open said office.

*Samuel L. Combs*  
**SAMUEL L. COMBS, III, M.D.**

STATE OF FLORIDA  
COUNTY OF BAY

I hereby certify that on this day, before, me, an officer authorized to administer oaths and take acknowledgments, personally appeared **SAMUEL L. COMBS, III, M.D.**, known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that he executed the same, and an oath was not taken.

(Check one:)

☒ ☐

Said person(s) is/are personally known to me.  
Said person(s) provided me the following type of identification \_\_\_\_\_

Witness my hand and official seal in the County and State last aforesaid this 08 day of April, 1998.

*Susan Andelyn Manis*  
Notary Signature

Printed Name \_\_\_\_\_

**Susan Andelyn Manis**  
Notary Public  
Notary I.D. No. 461041  
Commission No. CC 368597  
April 24, 1994 through April 23, 1998