

P98000037622

TRANSMITTAL LETTER

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

SUBJECT: _____

(Proposed corporate name - must include suffix)
TRAUMA EMERGENCY MEDICINE, INC.,

400002487714--0
-04/14/98--01033--003
***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

FROM: _____

McCurry + Company

Name (printed or typed)

21301 Powerline Road, Suite 204

Address

Boca Raton, FL 33433

City, State & Zip

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 APR 27 AM 9:59

FILED

Acc'd
OFF 561-482-8400 → Arthur Trask is in Virginia.

W98-8486

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

TA-4/27/98



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 15, 1998

MCCURRY & COMPANY
21301 POWERLINE RD, STE 204
BOCA RATON, FL 33433

SUBJECT: TRAUMA EMERGENCY MEDICINE, INC.
Ref. Number: W98000008486

We have received your document for TRAUMA EMERGENCY MEDICINE, INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent and street address must be consistent wherever it appears in your document.

The name of the entity must be identical throughout the document.

IN ARTICLE IV, PLEASE CHANGE THE NAME OF THE REGISTERED AGENT TO MATCH THE CERTIFICATE: WILLIAM P. MCCURRY, SO THAT THE NAMES ARE IDENTICAL. ALSO, PLEASE DECIDE IF THE CORPORATION IS GOING TO BE NAMED TEM, INC. OR TRAUMA EMERGENCY MEDICINE, INC. AND MAKE THE APPROPRIATE CHANGES WHEREVER THE CORPORATE NAME APPEARS.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6926.

Tracy Augsburger
Document Specialist

Letter Number: 198A00020234

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: Trauma Emergency Medicine, Inc.

ARTICLE II PRINCIPAL OFFICE

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

McCurry & Company
21301 Powerline Road, Suite 204
Boca Raton, FL 33433

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

William P. McCurry
21301 Powerline Road, Suite 204
Boca Raton, FL 33433

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TALLAHASSEE, FLORIDA

98 APR 27 AM 9:59

FILED

ARTICLE V INCORPORATOR(S)

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

Arthur Trask
1604 Aerie Lane
McLean, VA 22101

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

23 day of March, 1998.



Signature

Signature

Signature

**Articles of Incorporation
Filing Fee - \$35**

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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: Trauma Emergency Medicine, Inc.

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

William P. McCurry

(Name)

21301 Powerline Road, Suite 204

(P.O. Box not acceptable)

Boca Raton, FL 33433

(City/State/Zip)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

3/17/98
(Date)