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FLORIDA DIVISION OF CORPORATIONS
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TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4001

FROM: FAS-T CORP. AGENTS, INC.
CONTACT: LIDIA FERNANDEZ
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NAME: MANASOTA MEDICAL SERVICES, INC.

AUDIT NUMBER.....H98000008235

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS..1

PAGES..... 3

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TALLAHASSEE, FLORIDA

F. OESSER MAY 1 1998

ARTICLES OF INCORPORATION
OF
Manasota Medical Services, Inc.

FILED
98 APR 30 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be: Manasota Medical Services, Inc.

The principal place of business of this corporation shall be: 8573 Herbison Avenue, North Port, FL 34287

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 1,000 having a par value of \$1.00.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name and street address of the initial officer and director, if any, who shall hold office the first year of the corporation's existence or until their successor is elected, is:

Tarres Joel Evans, 8573 Herbison Avenue, North Port, FL 34287

Prepared by: Judy A. Schroeder
8888 Seminole Blvd.
Seminole, FL 33772
(813) 398-2080

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ARTICLE VI INCORPORATOR(S)

The name and street address of the incorporator to this articles of Incorporation is:

Name:

Office:

Address:

Tarres Joel Evans

**President
Secretary**

**8573 Herbison Avenue
North Port, FL 34287**

**IN WITNESS WHEREOF, the undersigned Incorporator has executed these
Articles of Incorporation this 24th day of April, 1998.**

Signature of Incorporator

Tarres Joel Evans ✓

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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: Manasota Medical Services, Inc.
2. The name and address of the registered agent and office is:

Tarres Joel Evans
8573 Herbison Avenue
North Port, FL 34287

SIGNATURE: Tarres Joel Evans

TITLE: President

DATE: 4/24/98

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE: Tarres Joel Evans ✓

DATE: 4/24/98