

TRANSMITTAL LETTER

P98000096570

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

500002685575--4
-11/12/98-01039-020
*****78.75 *****78.75

SUBJECT: Natural Vascular Association, 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: John L Curry
Name (Printed or typed)

4355 Aqua Vista Drive

Address

Orlando FL 32839

City, State & Zip

(407) 425-1631

(407) 251-1601

Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 NOV 12 AM 10:53

F. CHESSER NOV 17 1998

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

ARTICLES OF INCORPORATION

OF

Natural Vascular Association, Inc.

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 NAME

The name of the corporation shall be:

Natural Vascular Association, Inc.

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ARTICLE II PRINCIPAL OFFICE

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

185 Drennan Road Suite 307
Orlando, FL 32806

ARTICLE III SHARES

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

2500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

John L. Curry
4355 Aqua Vista Drive
Orlando, FL 32839

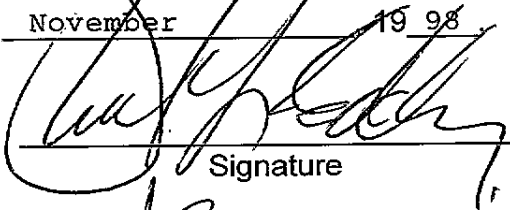
ARTICLE V INCORPORATORS(S)

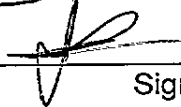
The name(s) and street address(es) of the incorporators(s) to these Articles of Incorporation is (are):

Stuart L Eddy President
4355 Aqua Vista Drive
Orlando, FL 32839

John L. Curry Vice President
4355 Aqua Vista Drive
Orlando, FL 32839

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

6th day of November 19 98


Signature


Signature

Signature

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

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: Natural Vascular Association, Inc.

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

John L. Curry

(NAME)

4355 Aqua Vista Drive

(P.O. BOX NOT ACCEPTABLE)

Orlando, FL 32839

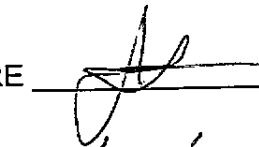
(CITY/STATE/ZIP)

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DIVISION OF CORPORATIONS
98 NOV 12 AM 10:53

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



11/6/98