

P98000 101160

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

North Broward Medical  
Surgical Assistants,  
Inc

000002704020--3  
-12/07/98--01003--010  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

☒ Art of Inc. File \_\_\_\_\_  
☐ LTD Partnership File \_\_\_\_\_  
☐ Foreign Corp. File \_\_\_\_\_  
☐ L.C. File \_\_\_\_\_  
☐ Fictitious Name File \_\_\_\_\_  
☐ Trade/Service Mark \_\_\_\_\_  
☐ Merger File \_\_\_\_\_  
☐ Art. of Amend. File \_\_\_\_\_  
☐ RA Resignation \_\_\_\_\_  
☐ Dissolution / Withdrawal \_\_\_\_\_  
☐ Annual Report / Reinstatement \_\_\_\_\_  
☒ Cert. Copy \_\_\_\_\_  
☐ Photo Copy \_\_\_\_\_  
☐ Certificate of Good Standing \_\_\_\_\_  
☐ Certificate of Status \_\_\_\_\_  
☐ Certificate of Fictitious Name \_\_\_\_\_  
☐ Corp Record Search \_\_\_\_\_  
☐ Officer Search \_\_\_\_\_  
☐ Fictitious Search \_\_\_\_\_  
☐ Fictitious Owner Search \_\_\_\_\_  
☐ Vehicle Search \_\_\_\_\_  
☐ Driving Record \_\_\_\_\_  
☐ UCC 1 or 3 File \_\_\_\_\_  
☐ UCC 11 Search \_\_\_\_\_  
☐ UCC 11 Retrieval \_\_\_\_\_  
☐ Courier \_\_\_\_\_

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DIVISION OF CORPORATIONS

Signature \_\_\_\_\_

Requested by: \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

R. Purinton DEC 4 1998

**ARTICLES OF INCORPORATION**  
**OF**

**North Broward Medical Surgical Assistants, Inc.**

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DIVISION OF CORPORATIONS  
98 DEC -4 AM 7:25

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

**ARTICLE I: NAME**

The name of the corporation is **North Broward Medical Surgical Assistants, Inc.**

**ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of the corporation is **15485 Eagle Nest Lane, #100, Miami Lakes, FL 33014.**

**ARTICLE III: CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares having a par value of (\$1.00) per share.

#### **ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is **Raymond A. Reiser, Esq.**, 1 S.E. 3rd Avenue, Suite 1860, Miami, FL 33131.

#### **ARTICLE V: INCORPORATOR**

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

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

The name and address of each member of the initial Board of Directors of the corporation is

**Edward Truppmann, Director & Chairman**

**15485 Eagle Nest Lane, #100, Miami Lakes, FL 33014**

**Eliot Berg, Executive Director, Secretary & Treasurer**

**7100 W. 20th Avenue, Suite 403, Hialeah, FL 33016**

**Richard Slavin, Director**

**15900 W. Troon Circle, Miami Lakes, FL 33014**

**Nelly Avellanet, President**

**15485 Eagle Nest Lane, #100, Miami Lakes, FL 33014.**

The undersigned has executed these Articles of Incorporation this 4th day of December 1998.

"Capital Connection, Inc. by Chris Grunewald, Client Representative"

Chris Grunewald

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONSCERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

98 DEC -4 AM 7:25

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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: North Broward Medical

Surgical Assistants, Inc.

2. The name and street address of the registered agent and office is: Raymond A. Reiser, Esq.

1 S.E. 3rd Avenue, Suite 1860

Miami, FL 33131

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.

RAYMOND A. REISER