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

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ARTICLES OF INCORPORATION

OF

Emperial Surgical Assistants, Inc.

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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 Emperial Surgical Assistants, Inc.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 15485 Eagle Nest Lane, 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 Truppman, 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.

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

Chris Grunewell

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

98 DEC -4 AM 7:42

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.

١.	The	name	of th	e corp	oration	is:	Emp	erial	Surgi	cal Ass	<u>sist</u> ants,	Inc.
2.	The	name	and	street	addres	a of	the	recta	ternd	grant	and.	
					. Reise			regra	rered	agent		
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			Mia	ımi, FI	33131			•				

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN CERTIFICATE, I HEREBY ACCEPT THIS APPOINTMENT Aδ REGISTERED AGENT AND AGREE TO ACT IN THIS I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE DUTIES, AND E AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

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