P98 GANSMITTAL LEFTER 1562

Department of State Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

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SUBJECT:

TREASURE COAST SURGICAL ASSISTING, INC.

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for:

□\$70.00

≥\$78.75

□\$122.50

□\$133.25

Filing Fee

Filing Fee & Certificate

Filing Fee

Filing Fee, Certificate Copy &

& Certificate Copy

Certificate

FROM:

Bruce Andrews 682 SE Starflower Avenue Port St Lucie, FL 34983 561-343-0994

SECRETARY OF STATE DIVISION OF CORPORATIONS
98 DEC -2 PM 3:50

NOTE:

Please provide the original and (1) copy of the articles.

12-73

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:

TREASURE COAST SURGICAL ASSISTING, INC.

ARTICLE II - PRINCIPAL OFFICE

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

c/o Bruce Andrews 682 SE Starflower Avenue Port St Lucie, FL 34983

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares. The Par Value of each share of stock is \$1.

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Bruce Andrews 682 SE Starflower Avenue Port St Lucie, FL 34983

ARTICLE V - INCORPORATOR(S)

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

Bruce Andrews DOB: 11-09-1961 SSN: 032-48-4485 682 SE Starflower Avenue Port St Lucie, FL 34983



ARTICLE VI - SMALL BUSINESS CORPORATION

The corporation elects to be treated as a small business corporation under secti Service Code.	on 1244 of the Internal Revenue
The undersigned incorporator(s) has (have) executed these Articles of Incorporator 199 8.	orporation this <u>9</u> day of
Signature	

ARTICLES OF INCORPORATION FILING FEE - \$35.00

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: TREASURE COAST SURGICAL ASSISTING, INC.
- 2. The name and address of the registered agent and office is:

Bruce Andrews 682 SE Starflower Avenue Port St Lucie, FL 34983

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

VOU 9, 1998

Date

98 DEC -2 PM 3:51