TRANSMITTAL LETTER

0052296

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

SUBJECT: Advanced Sura; cal Procedures P.A. (Proposed corporate name - must include suffix)										
Pod ordinor of the		mandersteigt in extreme in the Fig. (300028 -05/28/9 *****78	19D1	U44-	6——2 -022 *78.75				
□ \$70.00 Filing Fee	al and one(1) copy of the articles \$78.75 Filing Fee & Certificate of Status	\$ of incorporation and a comparison of the second s	\$87.50 Filing Fee, Certified C & Certifica Status	Copy ate of						
FROM:	7601 E. Tre N. Bay Villa City, S (305) 864-7:	ARTS TO Inted or typed) Ca Sure Dr. ddress Rephone number	#1106	SECRETARY OF STATE TALLAHASSEE FLORIDA	99 JUN -9 AM 4: 45	TED				

T. SMITH YUN D 9 1949.

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

T. SMITH JUN 0 9 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 3, 1999

JEFF P. ARTS M.D. 7601 E. TREASURE DR. #1106 N. BAY VILLAGE, FL 33141

SUBJECT: ADVANCED SURGICAL PROCEDURES P.A.

Ref. Number: W99000012959

We have received your document for ADVANCED SURGICAL PROCEDURES P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6927.

Letter Number: 299A00030293

Tracy Smith Document Specialist

ARTICLES OF INCORPORATION

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 The name of the co	NAME orporation shall be:	Advanc	ed Sw	ajical	Proced	lures P.A
ARTICLE II The principal place	PRINCIPAL OFF		poration shall be:	, : e		بر ۱۰ مرابع المام ا
	P.O. Box	416732	Miam;	: 17		
ARTICLE III	SHARES	33	241 -873	2		
	res of stock that this co	rporation is authorized	d to have outstan	ding at any o	one time is:	
	One Tho		ilar in	- •		
ARTICLE IV	INITIAL REGIST	TERED AGENT A	ND STREET	ADDRESS	5	
The name and Flori	ida street address of the	initial registered age	nt are:		<u></u>	•
ARTICLE V	JEFF P. 7601 E.T N. Bay V.V INCORPORATOR	reasure D age F1 3314	41106		99 JUN -9 SECRETARY LLAHASSEI	T E
The name and add	iress of the incorporate	r to these Articles of	incorporation are	:		8
Signati	3(0) = -	ARTS 17.D. Theasure 2 ; Mage F1 3	. # 11al	- / 2 4 / (*) Date	CORDA F: 45	<u>. </u>
	(An additional artic	le must be added if an	effective date is	requested.)		

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/Registered Agent

5/24/1990

Date

Article II Purpose ph 6/2/09
Medical Practice-