

TRANSMITTAL LETTER

P99000085446

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

400002995824--2

-09/24/99-01022-003

\*\*\*\*157.50 \*\*\*\*\*78.75

SUBJECT:

ORTHOPAEDIC SURGERY CENTER, PA.  
(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 of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 SEP 24 AM 7:37

FILED

FROM:

DAVID U. ARANGO

Name (Printed or typed)

1 FLORIDA PARK DRIVE NORTH, SUITE 108

Address

PALM BEACH, FLORIDA 32837

City, State & Zip

407 208 9092

Daytime Telephone number

F. CHESN

SEP 28 1999

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

# 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 NAME

The name of the corporation shall be:

ORTHOPAEDIC SURGERY CENTER INC.

## ARTICLE II PRINCIPAL OFFICE

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

1 FLORIDA PARK DRIVE NORTH  
SUITE 103  
PALM COAST, FL 32137

## ARTICLE III SHARES

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

100

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: DAVID ARANGO

1 FLORIDA PARK DRIVE NORTH  
SUITE 103  
PALM COAST, FLORIDA 32137

## ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

DAVID ARANGO  
1 FLORIDA PARK DRIVE NORTH  
SUITE 103  
PALM COAST, FLORIDA  
32137

David Arango  
Signature/Incorporator

9/22/99  
Date

(An additional article 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

David Arango  
Signature/Registered Agent

9/22/99  
Date

FILED  
99 SEP 24 AM 7:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA