P10000040631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 MAY 11 AM 9:30

B McKnight MAY 12 2010

COVER LETTER

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

SUBJECT: Gold Coast Physician Partners, Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are 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

FROM: Pedro Hernandez
Name (Printed or typed)

2300 Ponce De Leon Boulevard, Suite 1203
Address

Coral Gables, FL 33143
City, State & Zip

786-543-4327
Daytime Telephone number

phernandez2@msn.com
E-mail address: (to be used for future annual report notification)

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

AFFIDAVIT

May 6, 2010

To the State of Florida;

I have a corporation named Gold Coast Physician Partners, Inc. A couple of months ago I sent in a form to change the INC to an LLC under the same name.

I currently want to re-open the INC., but was told that I needed to send in an Affidavit to re-open it. I am the Owner of both entities and the registered agent of both.

Please open the INC., thank you for your help in this matter.

Pedro Hernandez
President
Gold Coast Physician Partners

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 MAY 11 AM 9:30

Pedro Hernandez displayed his Drivers License.
Signed and sworn before me on the 6th of May 2010.

Notary Signature

My Commission Expires: Oct. 09, 2012

ROBERTO SANCHEZ
MY COMMISSION # DD830051
EXPIRES: October 09, 2012
1-800-3-NOTARY Fl. Notary Discount Assoc. Co.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Gold Coast Physician Partners, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal **street** address and mailing address, if different is:

2100 Ponce De Leon Boulevard

Suite 1203

Coral Gables, FL 33143

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Transact any and all lawful business

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TALLAHASSEE, FLORIDA
10 MAY 11 AM 9:30

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Pedro	Hernandez	2100 Ponce De Leon #1203 Coral Gables FL	President

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Pedro Hernandez

2100 Ponce De Leon Boulevard

Suite 1203

Coral Gables, FL 33143

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Pedro Hernandez

2100 Ponce De Leon Boulevard

Suite 1203

Coral Gables, FL 33143

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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent — 5-5-2010 Date

Signature/Incorporator — 5-5-2010 Date