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DIVISION OF CORPORATIONS  
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TO: DIVISION OF CORPORATIONS	FAX #: (904)922-4001
FROM: FAS-T CORP. AGENTS, INC.	ACCT#: 071001002335
CONTACT: LIDIA FERNANDEZ	FAX #: (305)716-0346
PHONE: (305)599-0839	

NAME: FRANCISCO ARANDA M.D., P.A.  
 AUDIT NUMBER.....H97000000038  
 DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.  
 CERT. OF STATUS..1 PAGES..... 3  
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FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

January 2, 1997

FAS-T CORP. AGENTS, INC.

SUBJECT: FRANCISCO ARANDA M.D., P.A.  
REF: W97000000082

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

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

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

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Document Specialist

FAX Aud. #: H97000000038  
Letter Number: 697A00000155

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 97 JUN -3 PM 1:33  
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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**

**OF**

**FRANCISCO ARANDA M.D., P.A.**

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be: **FRANCISCO ARANDA M.D., P.A.**

The principal place of business of this corporation shall be: 1281 N.W. 6th St.  
 Miami, Fl 33125

**ARTICLE II NATURE OF BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation. The main activity will be medical office.

**ARTICLE III CAPITAL STOCK**

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 100 Shares at \$0.01 Par Value.

**ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

**ARTICLE V OFFICERS DIRECTORS**

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

Vanessa Dela Altagracia Benoit 1500 Bay Rd #437  
 Miami Beach, Fl 33139

Hector Rojas 2942 Bird Ave.  
 Coconut Grove, Fl 33132

Paul Newport 1500 Bay Rd #417  
 Miami Beach, Fl 33139

Prepared by: Paul Newport  
 1281 N.W. 6th St.  
 Miami, Fl 33125  
 (305) 535-0820

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**ARTICLE VI INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

Paul Newport 1281 N.W. 6th St.  
Miami, Fl 33125

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 2 day of Jan, 1997.

Signature(s) of Incorporator(s)

Paul Newport  
\_\_\_\_\_  
\_\_\_\_\_

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**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, 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 \_\_\_\_\_

FRANCISCO ARANDA M.D., P.A.

2. The name and address of the registered agent and office is:

Paul Newport 1281 N.W. 6th St.  
(P.O. BOX NOT ACCEPTABLE)

Miami, FL 33125  
(CITY/STATE/ZIP)

01 JAN 3 1997  
10:11 AM  
1000

SIGNATURE Paul Newport  
(corporate officer)

TITLE president

DATE 1/2/97

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE Paul M. Newport

DATE 1/2/97

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