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TO: DIVISION OF CORPORATIONS FAX #: (850)922-4001
FROM: EMPIRE CORPORATE KIT COMPANY ACCT#: 072450003255
CONTACT: RAY STORMONT
PHONE: (305)541-3694 FAX #: (305)541-3770

NAME: ANTONIO MONZON, M.D., P.A.
AUDIT NUMBER.....H98000000724
DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.
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ARTICLES OF INCORPORATION
OF

ANTONIO MONZON, M.D., P.A.

The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: ANTONIO MONZON, M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 2151 LEJEUNE ROAD #312, CORAL GABLES, FL 33134.

ARTICLE III PURPOSE

The purpose of this corporation shall be: THE PRACTICE OF MEDICINE.

ARTICLE IV CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000 SHARES COMMON STOCK WITH A PAR VALUE OF \$1.00.

ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

ANTONIO MONZON C/O 2151 LEJEUNE ROAD #312
CORAL GABLES, FL 33134

RAY STORMONT
EMPIRE CORPORATE KIT COMPANY
1492 West Flagler Street #200
Miami, Florida 33135
(305) 541-3694

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ARTICLE VI BOARD OF DIRECTOR(S)

The name and address of the initial board of directors shall be:

ANTONIO MONZON C/O 2151 LEJEUNE ROAD #312
CORAL GABLES, FL 33134

ARTICLE VII OFFICERS(S)

The name, title and address of the officers of this corporation shall be:

P/S/T ANTONIO MONZON C/O 2151 LEJEUNE ROAD #312
CORAL GABLES, FL 33134

ARTICLE VIII INCORPORATOR(S)

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

EMPIRE CORPORATE KIT OF AMERICA, INC.
1492 WEST FLAGLER STREET #200
MIAMI, FL 33135

The undersigned has(have) executed these Articles of Incorporation this 12 day of January 1998.



Incorporator
Ray Stormont, President
For Empire Corporate Kit of
America, Inc.

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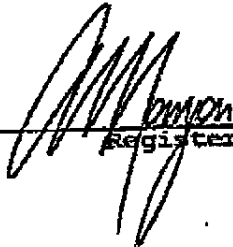
**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 621, 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.

First that ANTONIO MONZON, M.D. P.A.
(Name of Corporation)

desiring to organize under the laws of the State of FLORIDA with its principal office, as indicated in the articles of incorporation has named ANTONIO MONZON located at C/O 2151 LEJEUNE ROAD, SUITE 312 City of CORAL GABLES County of DADE State of Florida, as its agent to accept service of process within this state.

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 X  Registered Agent

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