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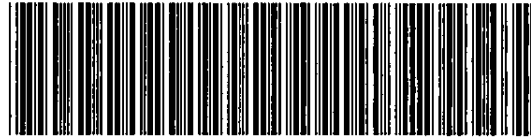
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAY - 5 PM 12:10

5/10

COVER LETTER

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

SUBJECT: **DORAL PRO HEALTH CORP.**

(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

ADDITIONAL COPY REQUIRED

FROM: **AUGUSTO EGOAVIL**

Name (Printed or typed)

2525 PONCE DE LEON BOULEVARD

Address

SUITE 300, CORAL GABLES, FL 33134

City, State & Zip

(561)389-9557

Daytime Telephone number

AEGOAVIL@EGOAVIL-LAW.COM

E-mail address: (to be used for future annual report notification)

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

Articles of Incorporation of Doral Pro Health Corp.
In compliance with Chapter 617, F.S. (Not for Profit)

The undersigned, a majority of whom are citizens of the United States, desiring to form a Non-Profit Corporation under the Florida Non for Profit Corporation Act, do hereby certify

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAY - 5 PM 12:10

First: The name of the Organization shall be Doral Pro Health Corp.

Second: The place in this state where the principal office and mailing address of the Organization is to be located is 8353 N.W. 36th Street, Doral, FL 33166. The Organization shall operate in the same location of Pierini Surgical Esthetic Center LLC, an ambulatory surgical center licensed under § 395, Fla. Stat. (2014).

Third: Said Organization is organized exclusively for charitable, educational and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code. In accordance therewith, the purpose for which the Organization is organized is to provide a public service through the Organization and the members of the Organization who are licensed for such purposes in the areas of health care education to the public at large and to provide limited medical and dental preventive care services to the residents of the city of Doral, county of Miami-Dade, Florida State that meet the eligibility criteria set forth under the Florida Access to Health Care Act, § 766.1115, Fla. Stat. (2014). Notwithstanding any other provision of these articles, this Organization shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the purposes of this Organization.

Fourth: The Organization shall have as members those persons who are admitted by the Board of Directors, who agree to be bound by these Articles of Incorporation and by the bylaws and policies set forth by the Corporation and who are in good standing with the Florida Department of Health under the Volunteer Health Care Provider Program, § 766.1115, Fla. Stat. (2014), and who actively participate in the development of the mission of the Organization. Only members can provide services through the Organization to the Doral community.

Fifth: The Organization shall have five (5) directors, out of which one shall be named as President of the Organization and shall chair the meetings of the board of directors, another director shall serve as the Vice President of the Organization, another director shall be the Treasurer and another director shall be the Secretary.

Sixth: The manner in which the directors of the Organization are elected and appointed shall be stated in the bylaws of the Organization.

Seventh: The names and addresses of the persons who are the initial directors of the Organization are as follows:

(1) Name: Alberto Pierini
Title: President and Chairman
Address: 8353 N.W. 36th Street
Doral, FL 33166

(2) Name: Raul Gonzalez, M.D.S.
Title: Vice President
Address: 4201 N.W. 107th Ave.
Doral, FL 33178

(3) Name: Susan Montoya
Title: Secretary
Address: 6803 N.W. 116 Ct.
Doral, FL 33178

(4) Name: Maria Granados, M.D.
Title: Treasurer
Address: 9615 N.W. 41st St.
Doral, FL 33178

(5) Name: Teresa Burgos, M.D.S.
Title: Director
Address: 9757 N.W. 41st Street
Suite 201
Doral, FL 33178

Eight: The name and Florida street address of the registered agent is:

Name: Augusto Egoavil
Title: Registered Agent
Address: 2525 Ponce de Leon
Suite 300
Coral Gables, FL 33134

Ninth: The name and address of the incorporator(s) is (are) *{you may name at least one or more incorporators}*:

Name: Augusto Egoavil
Title: Registered Agent
Address: 2525 Ponce de Leon
Suite 300
Coral Gables, FL 33134

Tenth: No part of the net earnings of the Organization shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the Organization shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article Third hereof. No substantial part of the activities of the Organization shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Organization shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these articles, the Organization shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section

of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Eleventh: Upon the dissolution of the Organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the Organization is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

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

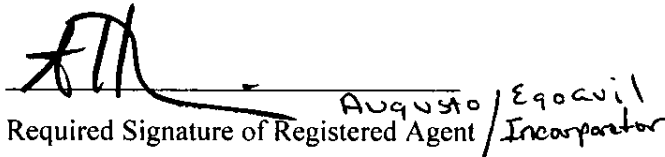


Required Signature of Registered Agent

4/28/14

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature of Registered Agent

Augusto Egoavil
Incorporator

4/28/14

Date