

N 96 0000 4667

Requestor's Name FRANCISCO Perez-Moreu  
Address 2200 NW 22 St  
MIAMI FL 33142  
City State ZIP Phone  
638-2033

VALIDATION ONLY

09/05/96-01030-017  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

CORPORATION(S) NAME

Cuban Medical Association IN Exile, Inc.

FILED  
SEP -9 PM 2:29  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Profit   | <input type="checkbox"/> Amendment       | <input type="checkbox"/> Merger                     |
| <input type="checkbox"/> NonProfit           | <input type="checkbox"/> Dissolution     | <input type="checkbox"/> Mark                       |
| <input type="checkbox"/> Foreign             | <input type="checkbox"/> Annual Report   | <input type="checkbox"/> Other                      |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation     | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement       | <input type="checkbox"/> Photo Copies    | <input type="checkbox"/> Certificate Under Seal     |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem            |
| <input type="checkbox"/> Call When Ready     | <input type="checkbox"/> After 4:30      | <input type="checkbox"/> After 4:30                 |
| <input checked="" type="checkbox"/> Walk In  | <input type="checkbox"/> Will Wait       | <input checked="" type="checkbox"/> Pick Up         |
| <input type="checkbox"/> Will Wait           | <input type="checkbox"/> Mail Out        | <input type="checkbox"/> Mail Out                   |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
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~~WFB-18563~~



Empire Toll Free: 1-800-432-3028

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## TRANSMITTAL LETTER

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

SUBJECT: CUBAN MEDICAL ASSOCIATION IN EXILE, INC.  
(Colegio Medico Cubano Libre, Inc.)  
for HOUSE OF THE CUBAN PHYSICIAN  
(Casa del Medico Cubano)  
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

<input checked="" type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$122.50	<input type="checkbox"/> \$131.25
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate	& Certified Copy	Certified Copy
			& Certificate

FROM: Dr. Enrique Huertas, M.D.  
Name (Printed or typed)

814 Ponce de Leon Boulevard, Suite 307  
Address

Coral Gables, Florida 33134  
City, State & Zip

(305) 446-9902  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthum  
Secretary of State

September 5, 1996

EMPIRE

TALL, FL 32301

SUBJECT: CUBAN MEDICAL ASSOCIATION IN EXILE, INC.  
Ref. Number: W96000018563

We have received your document for CUBAN MEDICAL ASSOCIATION IN EXILE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

**ONLY ONE NAME MUST APPEAR IN ARTICLE I...**

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

If you have any questions concerning the filing of your document, please call (904) 487-6904.

Freida Chesser  
Corporate Specialist

Letter Number: 696A00041570

FILED  
96 SEP -9 PM 2:29  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned, acting as incorporators of a corporation pursuant to chapter 617, Florida Statutes, adopt the following Articles of Incorporation for the purpose of becoming a Non-Profit Corporation:

ARTICLE I

The name of the Corporation shall be:  
CUBAN MEDICAL ASSOCIATION IN EXILE, INC. for HOUSE OF THE  
CUBAN PHYSICIAN

ARTICLE II

The principal place of business and mailing address of this Corporation shall be 814 Ponce de Leon Boulevard, Suite 307, Coral Gables, Florida 33134.

ARTICLE III

The specific purpose for which the Corporation is organized is to create The House of Physician, a Project suggested by the President of the Cuban Medical Association in Exile, to remember their Physicians' Teachers with dignity and respect, as well as physicians who have passed away, those who have retired or are disabled, and the ones who remain in prison as a consequence of the Cuban tragedy.

Also, outstanding physicians from Cuba and the World will be recognized.

A working committee of physicians, historians, planners, engineers, architects, builders, lawyers, accountants, family members and representatives of various organizations, hospitals, clinics, laboratories, universities, Schools of Medicine and societies that are related to the medical profession shall be formed.

The Cuban Medical Association in Exile, as originator of the idea, will assume full responsibility for the coordination of this Project.

Construction of a new building that would be the House of Physician, or adaptation of an existing one will take place when the facility be acquired.

The building will have space for a library, a conference room, a room for historical documents and remembrances, where the names of all physicians, living and dead, will be recorded.

#### ARTICLE IV

The manner in which the Directors are elected or appointed is as follows:

The affairs of this Corporation shall be managed by an Executive Committee composed of a President, a Secretary and a Treasurer, who shall be the Officers of the Corporation and shall be elected for a term of four years

#### ARTICLE V

The President shall have unlimited power in the management and decisions of corporate affairs.

#### ARTICLE VI

The name and street address of the initial registered agent is Dr. Enrique Huertas, 814 Ponce de Leon Boulevard, Suite 307, Coral Gables, Florida 33134.

#### ARTICLE VII

The names and street addresses of the incorporators of these Articles of Incorporation are:

Dr. Enrique Huertas, M.D.	3121 N.W. 4th Street Miami, Florida 33125
Dr. Nestor Guaty, M.D.	1820 S.W. 102nd. Avenue Miami, Florida 33165
Dr. Marcelino E. Feal, M.D.	410 S.W. 27th Road Miami, Florida 33129

The undersigned Incorporators have executed these Articles of Incorporation this 27th day of August, A.D. 1996.

Dr. Enrique Huertas, M.D.

Dr. Nestor Guaty, M.D.

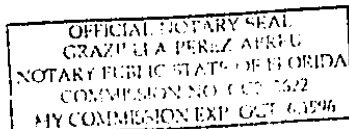
Dr. Marcelino E. Feal, M.D.

STATE OF FLORIDA )  
 )  
COUNTY OF DADE )

Before me, the undersigned Authority, personally appeared ENRIQUE HUERTAS, NESTOR GUATY and MARCELINO E. FEAL, to me known to be the persons described as Incorporators hereinabove, and who executed the foregoing Articles of Incorporation, and they acknowledge before me that they executed them for the purposes therein expressed.

WITNESS my hand and Official Seal in the City of Coral Gables, County of Dade and State of Florida, this 27th day of August, A.D. 1996.

NOTARY PUBLIC  
State of Florida at Large



CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

FILED  
96 SEP -9 PM 2:29

CLAY COUNTY, FLORIDA  
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, 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 is: CUBAN MEDICAL ASSOCIATION IN EXILE, INC.  
for HOUSE OF THE CUBAN PHYSICIAN

(must include suffix)

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

DR. ENRIQUE HUERTAS. M.D.

(NAME)

814 Ponce de Leon Boulevard, Suite 307

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Coral Gables, Florida 33134

(CITY/STATE/ZIP)

*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)

August 27, 1996

(DATE)