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LEZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

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MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

500002440255--9

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*****78.75 *****78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. MEDICAL ASSOCIATION GROUP 92, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☐ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☒ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED
98 FEB 25 98 MAR 19 PM 3:22
SECRETARY OF STATE
DIVISION OF TALLAHASSEE, FLORIDA

3/9/98
1098-5126

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

March 9, 1998

LAZARUS

MIAMI, FL

SUBJECT: MEDICAL ASSOCIATION GROUP 92, INC.
Ref. Number: W98000005126

We have received your document for MEDICAL ASSOCIATION GROUP 92, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of 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 (850) 487-6934.

Loria Poole
Corporate Specialist

Letter Number: 598A00012603

March 4, 1998

FLORIDA DEPARTMENT OF STATE
Division of Corporations
Tallahassee, Florida 32314

SUBJECT: Medical Association Group 92, Inc.

Gentlemen:

The subject of reference is an organization "Non Profit" by its nature and activities. Probably by mistake it was incorporated as "For Profit" Corporation.

As the Corporation was dissolved in 1997 we are incorporating it with proper status of "Non Profit" . We would appreciate your approval to this request.

Sincerely,



Medical Association Group 92, Inc.
Maria Isabel Gonzalez
President

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

FOR

MEDICAL ASSOCIATION GROUP 92, INC.

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be:

MEDICAL ASSOCIATION GROUP 92, INC.

ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The principal place of business and the mailing address of this corporation shall be:

**221 S.W. 22ND AVENUE, SUITE 218
MIAMI, FLORIDA 33125**

ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is (are):

ORGANIZATION FOR THE IMPROVEMENT OF BUSINESS CONDITIONS OF THE MEMBERS

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

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

DIRECTORS ELECTED BY BY-LAWS/MINUTES

ARTICLE V LIMITATION OF CORPORATE POWERS

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited as follows:

NOT LIMITED

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and the street address of the initial registered agent is:

MARIA ISABEL GONZALEZ
221 S.W. 22ND AVE., SUITE 218
MIAMI, FLORIDA 33125

ARTICLE VII INCORPORATORS

The name(s) and street address(es) of the incorporator(s) for these Articles of Incorporation is(are):

MARIA ISABEL GONZALEZ
221 S.W. 22ND AVENUE, SUITE 218
MIAMI, FLORIDA 33175

ARTICLE VII - BOARD OF DIRECTORS / OFFICERS

MARIA I. GONZALEZ/President- 221 S.W. 22ND AVE., SUITE 218 MIAMI, FL. 33125

OSCAR M. DUYOS/V. PRESIDENT 221 S.W. 22ND AVE SUITE 218 MIAMI, FL. 33125

VENTURA DE PAZ/Treasurer - 221 S.W. 22ND AVE., SUITE 218 MIAMI, FL. 33125
/Secretary

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
23rd day of FEBRUARY, 19 98.

Signature(s) of the Incorporator(s)

✓ 

MARIA I. GONZALEZ

Typed name of incorporator signing

Typed name of incorporator signing

Typed name of incorporator signing

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 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: MEDICAL ASSOCIATION GROUP 92, INC.

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

MARIA ISABEL GONZALEZ

(NAME)

221 S.W. 22ND AVENUE, SUITE 218

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33125

(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 

DATE 2/23/98

FILED
98 MAR -9 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT FILING FEE: \$35.00