

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations Fax Number : (850)92

: (850)922-4001

Account Name' : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 : (305)599-0839 Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

J.M. JULIEN, M.D., P.A.

Certificate of Status	0,
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2000

ARTICLES OF INCORPORATION

OF

J.M. JULIEN, M.D., P.A.

The undersigned natural person, acting to form a corporation under the laws of the State of Florida that provide for the formation of a corporation for profit, with the powers, rights, privileges and immunities hereinafter mentioned, do hereby make, subscribe, acknowledge and file with the Secretary of State of the State of Florida these Articles of Incorporation; and to that end set forth:

ARTICLE I

The name of the corporation shall be:

J.M. JULIEN, M.D., P.A.

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ARTICLE II

The initial post office address of the principal office of the corporation in Florida will be:

10095 N Kendali Drive Suite 103 Miami, FL 33176

ARTICLE III

This corporation will engage and is empowered to engage in the health services field including but not limited to medical offices and any other similar business permitted under the laws of the United States of America and of the State of Florida.

Prepared by Juana M. Julien, MD. 10095 N Kendall Drive Suite 103 Miami, FL 33176 (305)274-7878

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ARTICLE IV

The Total number of shares of stock which this Corporation is authorized to have outstanding is defined as follows:

Class No. Shares Par Value
Common 7,500 \$1.00

ARTICLE V

The amount of capital this corporation will begin business with is:

FIVE HUNDRED DOLLARS (\$500.00)

ARTICLE VI

This corporation shall have perpetual existence.

ARTICLE VII

This corporation shall have ONE directors initially. The number of Directors may be increased or diminished from time to time, as provided by the By-Laws adopted by the stockholders.

ARTICLE VIII

The name and post office address of the member of the first Board of Directors of this corporation, and who shall hold office for the first year, or until their successor is chosen shall be:

Juana M. Julien, MD. 10095 N Kendall Drive Suite 103 Miami, FL 33176

ARTICLE IX

The name and address of the officers of the Corporation, who shall hold office until their successor is chosen, shall be:

Juana M. Julien, MD. 10095 N Kendali Drive Suite 103 Miami, FL 33176

President/Secretary

ARTICLE X

The initial registered agent and registered office of the corporation shall be:

Juana M. Julien, MD. 10095 N Kendall Drive Suite 103 Miami, FL 33176.

ARTICLE XI

These articles of incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by it to the stockholders, and approved at a stockholders' meeting by a majority of the stock entitled to vote thereon, unless all of the directors and all the shareholders sign a written statement manifesting their intention that a certain amendment of these articles of incorporation be made.

IN WITNESS WHEREOF, the undersigned, being the sole incorporator of the corporation identified above, declare that I have examined the foregoing this 11th, day of November 1999, and declare it to be true and correct.

Juana M. Julien, MD. 10095 N Kendall Drive Suite 103 Miami, FL 33176

COUNTY OF DADE)
SS:
STATE OF FLORIDA)

THIS IS TO CERTIFY that on this 11th, day of November 1999 before me, a notary public, personally appeared Juana M. Julien, MD, who is personally known to me and who produced a Florida Drivers License and who I am satisfied is the person named as the sole incorporator and executor of the foregoing Articles of Incorporation, and who by his signature in my presence has acknowledged the same as his voluntary act.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal on this 11th, day of November 1999.

MY COMMISSION EXP. AUG. 2.2002 My commission expires

DAVID K PIRLOG NOTARY PUBLIC STATE OF FLORIDA COMMESSION NO. CC76234

ACCEPTANCE OF REGISTERED AGENT APPOINTMENT

I, Juana M. Julien, MD., a natural person with an address of 10095 N Kendall Drive Suite 103, Miami, Fl 33176, do hereby accept the appointment of Registered Agent of J.M. JULIEN, M.D., P.A. on this 11th, day of November of 1999.

Juana M Julien, MD.

10095 Kendall Drive Suite 103

Miami, Fl 33176,

COUNTY OF DADE

) SS:

STATE OF FLORIDA)

THIS IS TO CERTIFY that on this 11th, day of November 1999 before me, a notary public, personally appeared Juana M. Julien, MD., who is personally known to me and who produced a Florida Drivers License and who I am satisfied is the person named as the Registered Agent and executor of the foregoing Acceptance of Registered Agent Appointment, and who by his signature in my presence has acknowledged the same as his voluntary act.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official scal on this 11th, day of November 1999.

Metary Public

OFFICIAL NOTARY SEAL
DAVID K FIELDS
NOTARY PUBLIC STATE OF FLORIDA
COMMESSION NO. CC763126
MY COMMISSION EXP. AUG. 7,2007

My commission expires

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SECRETARY OF STATE