

P000000065696

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

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H00000035810 1)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 JUL -7 PM 4:09

FILED

FLORIDA PROFIT CORPORATION OR P.A.

SOMA MEDICAL CENTER, P.A.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing

Public Access Help

ARTICLES OF INCORPORATION

of

SOMA MEDICAL CENTER, P.A.
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I- CORPORATE NAME

The name of the corporation is:

SOMA MEDICAL CENTER, P.A.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida Law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of operating as a medical office.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue FIVE HUNDRED shares(500) of ONE DOLLAR(S) (1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME RAFAEL O. NUNEZ
ADDRESS 3615 MOON BAY CIRCLE
CITY WELLINGTON FLORIDA ZIP 33414

FILED
00 JUL -7 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H00000035810 1

The principal office, if known, or the mailing address of the corporation is:

NAME SOMA MEDICAL CENTER, P.A.
ADDRESS 3615 MOON BAY CIRCLE
CITY WELLINGTON FLORIDA ZIP 33414

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) director(s) initially. The number of directors may be either increased or diminished from time to time by the by-laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follow:

NAME RAFAEL O. NUNEZ
ADDRESS 3615 MOON BAY CIRCLE
CITY WELLINGTON FLORIDA ZIP 33414

NAME _____
ADDRESS _____
CITY _____ FLORIDA ZIP _____

NAME _____
ADDRESS _____
CITY _____ FLORIDA ZIP _____

NAME _____
ADDRESS _____
CITY _____ FLORIDA ZIP _____

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporates signing these Articles of Incorporation are as follows:

NAME RAFAEL O. NUNEZ
ADDRESS 3615 MOON BAY CIRCLE
CITY WELLINGTON FLORIDA ZIP 33414

NAME _____
ADDRESS _____
CITY _____ FLORIDA ZIP _____

H00000035810 1

H00000035810 1

NAME

ADDRESS

CITY

FLORIDA ZIP

NAME

ADDRESS

CITY

FLORIDA ZIP

IN WITNESS WHEREOF, the undersigned and subscriber(s)
have executed these Articles of Incorporation this 27TH
DAY OF JUNE of 2000.

✓  (Seal)

(Seal)

(Seal)

(Seal)

H00000035810 1

H00000035810 1

CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

SOMA MEDICAL CENTER P.A.
(Name Corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

At SOMA MEDICAL CENTER, P.A.
3615 MOON BAY CIRCLE
WELLINGTON, FLORIDA 33414

has named RAFAEL O. NUNEZ

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.


(REGISTERED AGENT)

FILED
00 JUL -7 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H00000035810 1