

# POWER 5969

**LAZARUS CORPORATE FILING SERVICE**

(Requestor's Name)  
**3320 S.W. 87 AVENUE**  
 (Address)  
**MIAMI, FLORIDA (305)552-5973**  
 (City, State, Zip) (Phone #)

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 -07/10/00--01027--025  
 \*\*\*\*\*78.75 \*\*\*\*\*78.75

**TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)**

OFFICE USE ONLY

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

1. JOABEL FERREIRA, M.D.P.A.  
 (Corporation Name) / (Document #)
2. \_\_\_\_\_  
 (Corporation Name) (Document #)
3. \_\_\_\_\_  
 (Corporation Name) (Document #)
4. \_\_\_\_\_  
 (Corporation Name) (Document #)

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  Pick up time 2:05   
  Certified Copy  
 Mail out   
  Will wait   
  Photocopy   
  Certificate of Status

**FILED**  
 00 JUL 10 PM 1:32  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

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**  
 00 JUL 10 AM 10:49  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

19/10

Examiner's Initials

**ARTICLES OF INCORPORATION**

*The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation.*

**ARTICLE I - NAME**

The name of the corporation shall be:

Isabel Ferreira, M.D. P.A.

**ARTICLE II - PRINCIPAL OFFICE**

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

13625 S.W. 26 Street  
Miami, Florida 33175

**ARTICLE III - PURPOSE**

The purpose of the corporation and its principal activity shall be the practice of medicine.

**ARTICLE IV - SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 shares

**ARTICLE V - INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Isabel Ferreira  
13625 S.W. 26 Street  
Miami, Florida 33175

**ARTICLE VI - INCORPORATOR**

The name and street address of the incorporator to these Articles of Incorporation is:

Isabel Ferreira  
13625 S.W. 26 Street  
Miami, Florida 33175

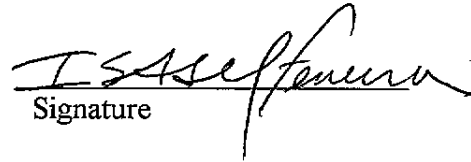
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TALLAHASSEE FLORIDA  
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**ARTICLE VII- DIRECTOR**

The name and street address of the director to these Articles of Incorporation is:

Isabel Ferreira  
13625 SW. 26 Street  
Miami, Florida 33175

The undersigned incorporator has executed these Articles of Incorporation this 5<sup>th</sup>  
day of JULY, 1900.

  
Signature

**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: Isabel Ferreira, M.D. P.A.
2. The name and address of the registered agent and office is:

Isabel Ferreira  
13625 S.W. 26 Street  
Miami, Florida 33175

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

*Isabel Ferreira*

DATE

7/5/00

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