

# P000000066721

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.**

((H00000036519 7)))

**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

## FLORIDA PROFIT CORPORATION OR P.A.

### SURGICAL INSTITUTE OF BROWARD, INC.

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

00 JUL 12 PM 12:39

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing

Public Access Help

S. McKnight...

JUL 12 2000

H00000036519 7

ARTICLES OF INCORPORATION  
OF  
SURGICAL INSTITUTE OF BROWARD, INC.

I, the undersigned, do hereby acknowledge and file in the office of the Secretary of State of the State Of Florida, for the purpose of forming a Corporation for profit, in accordance with the Laws of State Of Florida, and do hereby adopt the following Articles of Incorporation.

ARTICLE 1

The name of the Corporation shall be :  
SURGICAL INSTITUTE OF BROWARD, INC.

ARTICLE 2

The general nature of the business and business to be transacted are as follows:  
This Corporation may engage in any activity or business permitted under the Laws of the UNITED STATES OF AMERICA and the STATE OF FLORIDA.

ARTICLE 3

SHARES

- a) The authorized capital stock of this Corporation shall consist of one class, namely common stock.
- b) The authorized capital stock of this Corporation shall consist of FOUR THOUSAND Shares of Common Stock, NO-PAR VALUE.

ARTICLE 4

The Corporation shall have perpetual existence.

ARTICLE 5

The amount of capital with which this Corporation shall begin shall be not less than FIVE HUNDRED DOLLARS. ( \$ 500.00 )

Prepared by

MARIA E. HERNANDEZ  
1251 W. 44th PLACE  
HIALEAH, FL. 33012  
(305) 819-8841

H00000036519 7

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 JUL 12 PM 12:39

ARTICLE 6

The initial Post Office address of principal place of business of this Corporation shall be

1251 W. 44th PLACE, HIALEAH, FL. 33012

ARTICLE 7

The Corporation shall have not less than one nor more than five Directors as provided by the Bylaws and they shall hold office for one year or until their successors have been duly elected.

ARTICLE 8BOARD OF DIRECTORS

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>
MARIA E. HERNANDEZ	PRES.-SECRETARY	1251 W. 44th PLACE, HIALEAH, FL.

ARTICLE 9

The registered agent of this Corporation shall be :

MARIA E. HERNANDEZ 1251 W. 44th PLACE HIALEAH, FL. 33012

ARTICLE 10

The names and Post Office addresses of the subscribers to the ARTICLES OF INCORPORATION together with the number of shares which each agrees to take, and the value of the consideration for same, are as follows :

<u>NAME</u>	<u>ADDRESS</u>	<u>NO. OF SHARES</u>	<u>VALUE OF SHARES</u>
MARIA E. HERNANDEZ	1251 W. 44th PLACE HIALEAH, FL. 33012	500	\$ 500.00

H00000036519 7

- 3 -

SUBSCRIBED at Miami, Dade County, Florida, this 6 day of JULY,  
A.D. 2000.


x   
\_\_\_\_\_  
MARIA E. HERNANDEZ

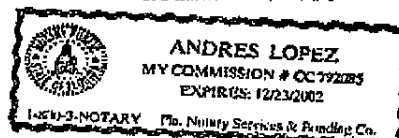
STATE OF FLORIDA )  
COUNTY OF DADE ) SS:

I certify that on this day before me, a Notary Public of the State of Florida,  
duly qualified and acting, personally appeared MARIA E. HERNANDEZ

to me well known, and being by me first duly sworn and cautioned, upon their oath  
deposed and said that they acknowledged that they had signed the above and foregoing  
ARTICLES OF INCORPORATION for the purposes therein set forth.

WITNESS my hand and official seal at Miami, Dade County, Florida, this 6  
day of HIALEAH A.D., 2000

  
\_\_\_\_\_  
NOTARY PUBLIC



H00000036519 7

H00000036519 7

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

First -- That SURGICAL INSTITUTE OF BROWARD, INC.  
desiring to organize under the laws of the State of FLORIDA with its principal office, as indicated in the Articles of Incorporation at City of HIACLEAH County of DADE State of Florida, has named MARIA E. HERNANDEZ located at 1251 W. 44th PLACE City of HIACLEAH, County of DADE State of Florida, as its Agent to accept service of process within this State.

ACKNOWLEDGMENT: ( MUST BE SIGNED BY DESIGNATED AGENT )

Having been named to accept service of process for the above stated Corporation, at place designated in these Articles of Incorporation, I, hereby, accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

BYX

  
( REGISTERED AGENT )  
MARIA E. HERNANDEZ

H00000036519 7

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 JUL 12 PM 12:39