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Florida Department of State
Division of Corporations
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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.

SOUTH FLORIDA MEDICAL ACCESS, P.A.

Certificate of Status	0
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Page Count	03 (4)
Estimated Charge	\$78.75

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B. McKnight AUG 15 2000

**ARTICLES OF INCORPORATION
OF
South Florida Medical Access, P.A.**

The undersigned does hereby act as incorporator to, acknowledge and file the following Articles of Incorporation for the purpose of creating a business corporation pursuant to the provisions of the Florida Business Corporation Act (FBCA).

ARTICLE I - NAME

The name of this corporation is South Florida Medical Access, P.A.

ARTICLE II - PURPOSE

This corporation is organized for the sole purpose to operate as a Licensed Medical practice in the state of Florida and to have all of the powers conferred upon corporations organized under the FBCA.

ARTICLE III—BUSINESS ADDRESS

The principal address of this corporation will be 16401 NW 2nd Ave Suite # 204, North Miami Beach, Fl 33169

ARTICLE IV - CAPITAL STOCK

This corporation is authorized to issue 500 shares of \$1.00 par value common stock, which shall be designated as "Common Shares." All of said stock shall be payable in cash, property (real or personal) or labor or services in lieu thereof at a just valuation to be fixed by the Board of Directors.

ARTICLE V - VOTING RIGHTS

Except as otherwise provided by law, the entire voting power for the election of directors and for all other purposes shall be vested exclusively in the holders of the outstanding Common Shares.

ARTICLE VI - TERM

This corporation shall commence its existence on the date of incorporation and shall exist perpetually thereafter unless sooner dissolved according to law.

Prepared by
Terrence L. Ibbas
305-944-2884

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ARTICLE VII - INITIAL BOARD OF DIRECTORS

There shall be at least one (1) member of the Board of Directors of the corporation. The names and addresses of the parties that are to serve as director(s) until the next election are as follows:

Terrence L. Ibbs

The Board of Directors shall serve for a term of one (1) year, and shall be responsible for electing the officers of the corporation. The officers of the corporation shall consist of a President and such other officers as the Board of Directors may from time to time determine are appropriate in order to carry out the activities of the corporation.

**ARTICLE VIII - PRINCIPAL OFFICE
AND INITIAL REGISTERED OFFICE AND AGENT**

The street address of the principal office and initial registered office of this corporation and name of the initial registered agent of this corporation is

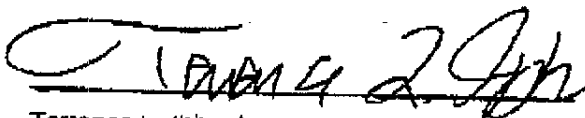
Terrence L. Ibbs
16401 NW 2nd Ave # 204
North Miami Beach, FL 33169

ARTICLE IX - OFFICERS

The duties of the officers of the corporation shall be fixed in the By-Laws. Officers shall be elected annually. Officers of the corporation until the next election are as follows:

Terrence L. Ibbs

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 11th day of August, 2000


Terrence L. Ibbs, Incorporator

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STATE OF FLORIDA

COUNTY OF DADE

ss:

BEFORE ME, a notary public authorized to take acknowledgments in the State and County set forth above, personally appeared Terrence L. Ibbs known by me personally or having shown a photo identification _____ to be the person who executed the foregoing Articles of Incorporation, and (s)he acknowledged before me that (s)he executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 11th day of August, 2000.

Marla D. Osolase
NOTARY PUBLIC, STATE OF FLORIDA
MY COMMISSION EXPIRES:



**CERTIFICATE OF DESIGNATION OF
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: South Florida Medical Access, P.A.
2. The name of the registered agent and office is:

Terrence L. Ibbs
18401 NW 2nd Ave # 204
North Miami Beach, FL 33169

HAVING BEEN NAMED AS THE REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATE 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 OBLIGATION OF MY POSITIONS AS REGISTERED AGENT.

Terrence L. Ibbs
TERRENCE L. IBBS, REGISTERED AGENT

DATED:

August 11, 2000

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