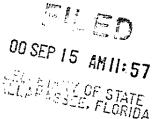
## D00000087615

## TRANSMITTAL LETTER



Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	JOSE L. AV:	TE NAME – <u>MUST INCL</u>	 :00003364	- 14463
Enclosed is an origina	al and one(1) copy of the articles	s of incorporation and a		01067003 *****78.75
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	JOSE L. AVILA  Name (Printed or typed)		e de de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición dela composición de la composición dela	
	3801 S. OCEAN		- 1 ***********************************	
	HOLLYWOOD, FL 33019 City, State & Zip			
	(954) 455-8 Daytime Te	S 47	······································	
			•	

89,3551,691,3550 WOO-20975 NOTE:

NOTE: Please provide the original and one copy of the articles.



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 25, 2000

JOSE L. AVILA 3801 S. OCEAN DRIVE APARTMENT 8-Q HOLLYWOOD, FL 33019

SUBJECT: JOSE L. AVILA, MD, PA Ref. Number: W00000020975

We have received your document for JOSE L. AVILA, MD, PA and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The document must state the number of shares of authorized stock.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6972.

Letter Number: 200A00045638

Doris Brown Document Specialist

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME	00 SEP (50
The name of the corporation shall be:	**
JOSE L. AVILA, MD, PA	OOSEP 15 AM 11:57
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	FLORIDA
3801 S. OCEAN DR. APT 8- Q, HOLLYWOOD,	FL 33019
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
MEDICAL SERVICE	÷ ·
ARTICLE IV SHARES The number of shares of stock is:	· · · · · · · · · · · · · · · · · · ·
100	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es):	
The name(s) and address(es):	
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:	ne≕ tak tak
JOSE L AVILA, MD	
3801 S. OCEAN DR. APT 8-Q HOLLYWOOD, FL 33019 ARTICLE VII INCORPORATOR	•
The name and address of the Incorporator is:	and the second s
JOSE L. AVILA, MD	
3801 S. OCEAN DR. APT 8-Q , HOLLYWOOD , FL 33019	
*****	
Having been named as registered agent to accept service of process for the above state	ted corporation at the place designated in this
certificate, I am familiar with and accept the appointment as registered agent and agree	to act in this capacity
- Inlah	A16/02
Signature/Registered Agent	Date
Gula (	8/16/00
Signature/Incorporator	Date