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TRANSMITTAL LETTER

FILED
00 SEP 15 AM 11:57
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: JOSE L. AVILA, MD, PA.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

600003364446--3
-09/18/00--01067--003
*****78.75 *****78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: JOSE L. AVILA
Name (Printed or typed)

3801 S. OCEAN DR. APT 8-2
Address

HOLLYWOOD, FL 33019
City, State & Zip

(954) 455-8547
Daytime Telephone number

89,3551,691,2550
W00-20975

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

D. BROWN SEP 15 2000



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.

Doris Brown
Document Specialist

Letter Number: 200A00045638

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

JOSE L. AVILA, MD, PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

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):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

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:

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 stated 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

8/16/00

Signature/Registered Agent

Date

8/16/00

Signature/Incorporator

Date