

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

FILED
00 OCT -3 PM 12:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

1. JOAQUIN BARBARA, M.D., P.A.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:08

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

RECEIVED
00 OCT -3 AM 10:53
DIVISION OF CORPORATION

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

900003412409--0
-10/03/00--01022--014
*****78.75 *****78.75

10/3

Examiner's Initials

TRANSMITTAL LETTER

October 2, 2000

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

SUBJECT:

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$ 78.75

FROM: JOAQUIN BARBARA, M.D.
8609 S.W. 80TH COURT
Miami, Florida 33143

ARTICLES OF INCORPORATION OF

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

ARTICLE I NAME

The name of the corporation shall be:

JOAQUIN BARBARA, M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

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

8609 S.W. 80th Court
Miami, Florida 33143

ARTICLE III CAPITAL STOCK

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

1000 shares at \$ 1.00 par value

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JOAQUIN BARBARA, M.D.
8609 S.W. 80th Court
Miami, Florida 33143

ARTICLE V - PURPOSE

The purpose of this corporation shall be:

To provide medical service

FILED
00 OCT -3 PM 12:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE V/INCORPORATOR(S)

The name(s) and street adress(s) of the incorporator(s) of these Articles of Incorporation is (are):

JOAQUIN BARBARA, M.D.
8609 S.W. 80th Court
Miami, Florida 33143

ARTICLE VII OFFICERS

The initial officers of the corporation should be :

JOAQUIN BARBARA, M.D.	-o-	PRESIDENT / TREASURER / SECRETARY
8609 S.W. 80 th Court		
Miami, Florida 33143		

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this
\ 2nd day of October, 2000.



JOAQUIN BARBARA, M.D.

**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

Name of the Corporation: JOAQUIN BARBARA M.D., P.A.

Name and address of the registered agent and office is:

JOAQUIN BARBARA M.D.
8609 S.W. 80th Court
Miami, Florida 33143

HAVING BEEN NAMED A 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

Joaquin Barbari
JOAQUIN BARBARA, M.D.

DATE

10/2/00

FILED
00 OCT -3 PM 12:53
TALLAHASSEE FLORIDA
SECRETARY OF STATE