

Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : CAPITAL CONNECTION, INC.

Account Number : I20000000257
Phone : (850)224-8870
Fax Number : (850)222-1222

FLORIDA PROFIT CORPORATION OR P.A.

Willy Chua, M.D., P.A.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78,75

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ARTICLES OF INCORPORATION

SECRETARY OF STATE OF STATE OF CHAPTER ATTORS

OF

Willy Chua, M.D., P.A.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation is Willy Chua, M.D., P.A. The purpose of this Professional Association is a doctors office.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 1756 North Bayshore Drive, #35N, Miami, FL 33132.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one-thousand (1,000) shares having a par value of one dollar (\$1.00) per share.

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ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Neal L. Sandberg, Simon, Schindler & Sandberg, P.A., 2650 Biscayne Boulevard, Miami, FL 33137.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of the initial Board of Directors of the corporation is Willy Chua, M.D., 1756 North Bayshore Drive, #35N, Miami, FL 33132.

The undersigned has executed these Articles of Incorporation this 29th day of November 2000.

"Capital Connection, Inc. by Lance L. McGee, Client Representative"

CAPITAL CONNECTION

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11/29 '00 15:24 NO.435 04/04

FROM:

PHONE NO. : 573 9778

Nov. 29 2000 02:36PM P3

CAPITAL CONNECTION

850 222 1222

11/29 '00 13:24 NO.420 03/03

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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	o£	the	corporation	is:	Willy	Chua	M.D.	PA.
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2. The name and street address of the registered agent and office is: Neal L. Sandberg, Simon Schindler & Sandberg ? A-QUED Biscayne Bowlevard, Miami, Florida 33137

HAVE BEEN NAMED AS 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.

SECRETARY OF STATE DIVISION OF CORPURATION