

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 637
Tallahassee, FL 32344

P2000065056

SUBJECT: MANUEL A. OJEDA, MD, P.A.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

200005762672--1
-06/12/02--01023--004
*****70.00 *****70.00

Enclosed are 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: JORGE D. HEREDIA, CPA
Name (Printed or typed)

1428 SW 124 PL
Address

MIAMI, FL 33184
City, State & Zip

(305) 207 6238
Daytime Telephone number

02 JUN 12 PM 1:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

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

[Handwritten Signature]

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

MANUEL A. OJEDA, MD, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

6039 COLLINS AVE # 311
MIAMI BEACH, FL 33140

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDE MEDICAL SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES COMMON STOCK HAVING \$1.00 par value

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

MANUEL A. OJEDA, MD PRESIDENT
ALEXANDRA JIMENEZ Secretary

ARTICLE VI REGISTERED AGENT

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

JORGE D HEREDIA CPA
1428 SW 124 PL
Miami, Fl 33184

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MANUEL A. OJEDA MD
6039 Collins Ave #311
Miami Beach, Fl 33140

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



Signature/Registered Agent

X 

Signature/Incorporator

6/10/02

Date

6/10/02

Date

02 JUN 12 PM 1:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED