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LAZARUS CORPORATE FILING SERVICE

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MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

02 JUN 26 PM 12:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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OFFICE USE ONLY

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

1. SAMUEL SPIL M.D. P.A.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in     Pick up time 2.00     Certified Copy
- Mail out     Will wait     Photocopy     Certificate of Status

02 JUN 26 AM 11:15  
DIVISION OF CORPORATIONS

RECORDED

| 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               |

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-06/26/02--01023--021  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

④ BM 6/26  
Examiner's Initials

**ARTICLES OF INCORPORATION  
OF**

The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation

**ARTICLE I NAME**

The name of the corporation shall be:

*Samuel Spil M.D. P.A.*

**ARTICLE II PRINCIPAL OFFICE**

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

*9167 Fontainebleau Blvd #1  
Miami - FL 33172*

**ARTICLE III PURPOSE**

The purpose of this corporation shall be:

*Medical Practice*

**ARTICLE IV CAPITAL STOCK**

The number of shares of stock that this corporation is authorize to have outstanding is:

*100*

**ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

*Samuel Spil M.D  
9167 Fontainebleau Blvd #1  
Miami - FL 33172*

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**ARTICLE VI BOARD OF DIRECTOR(S)**

The name and address of the initial board of director(s) shall be:

Samuel Spil M.D. President  
9167 Fontainebleau Blvd #1  
Miami - FL 33172

**ARTICLE VII OFFICER(S)**

The name, title and address of the officer(s) of this corporation shall be:

Samuel Spil M.D. President 100%  
9167 Fontainebleau Blvd #1  
Miami - FL 33172

**ARTICLE VIII INCORPORATOR(S)**

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

Samuel Spil M.D. President 100%  
9167 Fontainebleau Blvd #1  
Miami - FL 33172

The undersigned has (have) executed these Articles of Incorporation this 25 day of June, 2002.

  
Incorporator Signature

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

**HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF  
PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE  
DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE  
APPOINTMENT AS REGISTERED 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.**

  
REGISTERED AGENT SIGNATURE

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