# PO200120196 Florida Department of State

Division of Corporations
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To:

orporations

Division of Corporations

Fax Number : (850)205-0381

Prom:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

#### FLORIDA PROFIT CORPORATION OR P.A.

esther m. mckenzie, m.d., p.a.

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# # 0200022389 5 ARTICLES OF INCORPORATION

OF

ESTHER M. McKENZIE, M.D., P.A.

SECRETAN OF STATE
TALL AHASSEF ELORIDA

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 | NAME

The name of the corporation shall be: ESTHER M. McKENZIE, M.D., P.A.

#### **ARTICLE II DURATION**

This corporation should have perpetual existence.

#### **ARTICLE III PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be: 1800 Sunset Harbour, #811, Miami Beach, FL 33139.

#### **ARTICLE IV PURPOSE**

The purpose of this corporation shall be: Practice of Anesthesiology.

#### ARTICLE V CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 shares common stock having an individual par value of \$1.00

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#### ARTICLE VI INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is: Max A. Adams, One Alhambra Plaza, Suite 5, Coral Gables, FL 33134.

#### ARTICLE VII BOARD OF DIRECTOR(S)

The name and address of the initial board of directors shall be:

PRESIDENT
Esther M. McKenzie

1800 Sunset Harbour, #811 Miami Beach, FL 33139

#### ARTICLE VIII INCORPORATOR(S)

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

EMPIRE CORPORATE KIT OF AMERICA, INC. 2444 NW 7<sup>th</sup> PLACE MIAMI, FL 33127

The undersigned has (have) executed these Articles of Incorporation this 8th day of NOVEMBER, 2002.

Ray Stormont Signing for

Empire Corporate Kit of America, Inc.

# SECRETARY OF STATE TALL ANASSES FLORIDA

### CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

## ESTHER M. McKENZIE, M.D., P.A. (Name of Corporation)

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 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.

REGISTERED AGENT

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