# P03000035123

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





600013979956

03/25/03--01046--012 \*\*78.75



D3 MAR 27 AM 10: 10

603-8627

5265

	•
	A Company of the second
OFFICE USE ONLY(DOCUMENT # )	
LAZARUS CORPORATE FILING SERVICE	
3320 S.W. 87 AVENUE	· ·
MIAMI, FLORIDA (305)552-5973	
TERESA ROMAN ( TALLAHASSEE REPRESENTATIVE)	
,	OFFICE USE ONLY
1. RICARDO RESAS A (Corporation Name)	BER(S) (if known):
(Corporation Name)	(Document #)
3. (Corporation Name) 4.	(Document #)
(Corporation Name)	(Document #)
Walk in Pick up time 2.00	Certified Copy
Mail out Will wait Photocopy	Certificate of Status
NEW FILINGS AMENDME Profit Amendment	INTS
NonProfit Resignation of R	.A., Officer/Director
. Limited Liability Change of Registe	ered Agent
Domestication Dissolution/Withd	rawal
Other Merger	
	<u></u>
OTHER FUNGS REGISTRATIO  Annual Report	
Fictitious Name Foreign	
Name Reservation Limited Partnersh	lip
Reinstatement	<u> </u>
Trademark	
Other	Examiner's Initials

CR2E031(9/92)



March 26, 2003

**LAZARUS** 

SUBJECT: RICARDO PRESAS MD, PA

Ref. Number: W03000008627

We have received your document for RICARDO PRESAS MD, PA and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

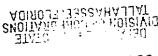
The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6930.

Donna Graves Document Specialist New Filings Section

Letter Number: 103A00018406



O3 HAR 27 PM 2: 52

RECEIVED

## ARTICLES OF INCORPORATION

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: PRESAS MD.

#### ARTICLE II PRINCIPAL OFFICE

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

carci, 71 33/65 ARTICLE III PURPOSE

100 (one hundred).

The purpose of this corporation shall be:

Practice of h

05 5W 114 et

ARTICLE IV CAPITAL STOCK

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

ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Lizeth Menender 3305 SW MY et Man, Fl 33165

### ARTICLE VI BOARD OF DIRECTOR(S)

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

KLEARDS PHEGAS.
KLEARDS PRESAS.  3305 SW 114 CT  MIANI FL 33165  ARTICLE VII OFFICER(S)
The name, title and address of the officer(s) of this corporation shall be:  Reands Presas. (President).  3305 Sw 114 et  Miani, Tl 33165
ARTICLE VIII INCORPORATOR(S)
The name and address of the incoporator(s) to these Articles of Incorporation shall be:  Lizeth Menendez  Ricards Palsas.  3305 sw 114 at  Midni TZ 33165  The undersigned has (have) executed these Articles of Incorporation this 24 day of Malzo, 20 03.
Incorporator Signature

FILED 03 MAR 27 AM IO: 10

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERD OFFICE

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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