Division of Corporatio c.fl.us/scubts/effica 10006 Florida Department of State **Division of Corporations** Public Access System **Electronic Filing Cover Sheet** Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H03000206236 9))) Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations Far Number : (850)205-0381--Prom: : EMPIRE CORPORATE KIT COMPANY Account Name Account Number : 072450003255 Fhone : (305)634-3694 Fax Number : (305)633-9696 7 3 6 FLORIDA PROFIT CORPORATION OR P.A.

walter ramirez, m.d., p.a.



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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 4, 2003

EMPIRE _

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SUBJECT: WALTER RAMIREZ, M.D., P.A. REF: W03000015879

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The specific nature of business of the professional association must be stated in the document.

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Division of Corporations - P.O. BOX 6827 - Tallahassee, Florida 32314

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ARTICLES OF INCORPORATION OF

H03000206236

WALTER RAMIREZ, M.D., P.A.

The undersigned subscribers to these Articles of Incorporation, natural persons competent to contract, hereby form a corporation under the Florida Professional Service Corporation and Limited Liability Company Act.

ARTICLE I

The name of the corporation shall be Walter Ramirez, M.D., P.A. Its business shall be carried on in the State of Florida, in the United States of America, and elsewhere, as may be authorized by its Board of Directors.

ARTICLE II

The existence of the corporation will commence on the date of filing of these Articles of Incorporation.

ARTICLE III

This corporation is formed for the purpose of engaging in the practice of Cardiology and internal medicine and in all businesses incidental thereto and may engage in any activity or business permitted under the Florida Professional Service Corporation and Limited Liability Company Act.

ARTICLE IV

The maximum number of shares that the Corporation is authorized to have outstanding at any one time shall be One Thousand (1,000) shares of common stock at a par value of \$1.00 per share.

ARTICLE V

The principal office and mailing address of this corporation will be

4689 N.W. 97th Court Miami, Fl 33178

403000206236

ARTICLE VI

The name and address of the initial registered agent is:

Name: Walter Ramirez, M.D. Address: 4689 N.W. 97th Court Miami, Fl 33178

ARTICLE VII

The corporation shall have one director and officer initially. The number of directors or officers may be increased from time to time, as provided in the bylaws, but shall never be less than one. The name and address of the initial director is:

Title:	President / Director 📑
Name:	Walter Ramirez, M.D.
Address:	4689 N.W. 97th Court
	Miami, Fl 33178

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ARTICLE VII

The name and street address of the first incorporator of these Articles of Incorporation is:

Name:	Walter Ramirez, M.D.
Address:	4689 N.W. 97th Court
	Miami, FI 33178

The undersigned incorporator has executed these Articles of Incorporation this 15th day of May, 2003.

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUES, THE UNDERSIGNED 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 of the corporation is:

Walter Ramirez, M.D., P.A.

2. The name and address of the registered agent and office is:

Walter Ramirez, M.D. 4689 N.W. 97th Court Miami, Fl 33178

Having 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 statues 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.

(Bignature)

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