

FILED 03 SEP 25 AM 10: 21

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.

(((H03000282810 8)))

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

Fax Number

: (850)205-0381

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

CARDIAC & VASCULAR SPECIALISTS OF MIAMI, PA

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78 .7 5

Electronic Filing Menu.

Corporate Filing

Public Access Help

1 of 1

9/23/03 2:42 PM



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 24, 2003

FAS-T CORP. AGENTS, INC.

SUBJECT: CARDIAC & VASCULAR SPECIALISTS OF MIAMI, PA

REF: W03000027329

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.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

If you have any further questions concerning your document, please call (850) 245-6965.

Dorine Martin Document Specialist New Filings Section FAX Aud. #: H03000282810 Letter Number: 503A00052587

or the

03 SEP 25 AM 10: 21

ARTICLES OF INCORPORATION

SECRETARY LI STATE TALLAHASSEE, FLORID.

CARDIAC & VASCULAR SPECIALISTS OF MIAMI, PA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be:
CARDIAC & VASCULAR SPECIALISTS OF MIAMI, PA

The principal place of business of this corporation shall be: 9200 sw 72nd Street, Miami, F1 33173.

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation. MEDICAL PRACTICE

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 100 shares @ \$1.00 par value.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

JULIAN J. JAVIER, MD 9200 SW 72nd Street Miami, Fl 33173.

(President)

ARTICLE VI INCORPORATORIS

The name(s) and street address(es) of the incorporator (s) to this articles of incorporation is(are):

JULIAN J. JAVIER, MD 9200 SW 72nd Street Miami, Fl 33173.

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this, 19th day of september 2003

,这一家的特别的人,这是是我们的人,但是我们就是这个人的人,但是我们的人,

Signature(s) of Incorporator(s)

FILED

03 SEP 25 AM (0: 21

SECRE STATE STATE TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, 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:

CARDIAC & VASCULAR SPECIALISTS OF MIAMI, PA

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

JULIAN J. JAVIER, MD

9200 SW 72nd Street

(P.O. BOX NOT ACCEPTABLE)

Miami, Fl 33173.

(CITY/STATE/ZIP)

SIGNATUR

TITLE.

DATE 9-19-03

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION. AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

. SIGNATURE

DATE

)-19-03