

**P03000129381**

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.

((H03000313065 3)))

**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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
03 NOV 10 AM 8:04

**FLORIDA PROFIT CORPORATION OR P.A.**

**LOREN LAYBOURN, M.D., P.A.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

**W3 3324X**

Electronic Filing Menu

Corporate Filing

Public Access Help

J. CHESSEY NOV 12



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

November 10, 2003

EMPIRE CORPORATE KIT COMPANY

SUBJECT: LOREN LAYBOURN, M.D., P.A.  
REF: W03000033244

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.

Please accept our apology for failing to mention this in our previous letter.

Delete the P.A. after the president's name.

An effective date may be added to the Articles of Incorporation if a 2004 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

If you have any further questions concerning your document, please call (850) 245-6933.

Dale White  
Document Specialist  
New Filings Section

FAX Aud. #: H03000313065  
Letter Number: 503A00061101

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

④

H03000313065

**ARTICLES OF INCORPORATION**

**OF**

**LOREN LAYBOURN, M.D., P.A.**

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: LOREN LAYBOURN, 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: 8350 S.W. 153 STREET, MIAMI, FL 33157.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
03 NOV 10 AM 8:04

**ARTICLE IV PURPOSE**

The purpose of this corporation shall be: TO PRACTICE MEDICINE IN THE FIELD OF RADIOLOGY.

**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.

H03000313065

**ARTICLE VI INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is: MAX A. ADAMS,  
ONE ALHAMBRA PLAZA, SUITE 100, CORAL GABLES, FL 33134.

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

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

**PRESIDENT**

LOREN LAYBOURN M.D.,

8350 S.W. 153 STREET  
MIAMI, FL 33157

**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 7TH day of NOVEMBER, 2003.

  
\_\_\_\_\_  
INCORPORATOR  
Ray Stormont Signing for  
Empire Corporate Kit of America, Inc.

TOTAL P.05

14030000313065

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

LOREN LAYBOURN, M.D., D.A.

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
03 NOV 10 AM 8:04

14030000313065