

**P04000103067**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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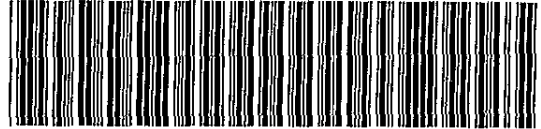
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06/28/04--01054--017 \*\*122.50

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
04 JUL -9 PM 2:19

7/12

**TRANSMITAL LETTER**

WILLIAM E. SANCHEZ  
REGISTERED AGENT  
200 SW 117 TERRACE #107  
PEMBROKE PINES. FL 33025-3494  
DATE: JUNE 23er, 2004

DOCUMENT EXAMINIER  
NEW FILLING SECTION  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32302-1500

**SUBJECT: "WILLIAM E. SANCHEZ, M.D. P.A."**  
(CORPORATE NAME)

Enclosed are an Original and One copy of Articles of Incorporation and a CHECK for \$ 122.50 for Filing Fec & Certified Copy.

Please return the Enclosed Articles to the Undersigned at the following address:

WILLIAM E. SANCHEZ  
200 SW 117 TERRACE #107  
PEMBROKE PINES.FL 33025



Thank you  
Registered Agent



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

June 28, 2004

WILLIAM E. SANCHEZ  
200 SW 117 TERRACE #107  
PEMBROKE PINES, FL 33025

SUBJECT: WILLIAM E. SANCHEZ, M.D. P.A.  
Ref. Number: W04000024863

We have received your document for WILLIAM E. SANCHEZ, M.D. P.A. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

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) 245-6067.

Neysa Culligan  
Document Specialist  
New Filings Section

Letter Number: 604A00042256

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**CERTIFICATE OF INCORPORATION**

**“WILLIAM E. SANCHEZ, M.D. P.A.”**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 JUL -9 PM 2:19

We, the undersigned, hereby associated ourselves together for the purpose of becoming a corporation under the laws of the State of Florida by and under the provisions of the statutes of the State of Florida, providing for the formation, rights, provides, immunities and liabilities for profit.

**ARTICLE I**

The name of the corporation shall be:

**“WILLIAM E. SANCHEZ, M.D. P.A.”**

**ARTICLE II**

The corporation will engage in any activity or business permitted under the laws of the State of Florida and of the United States of America. The nature of business of the Professional Association is a MEDICAL OFFICE.

**ARTICLE III**

The maximum number of shares which the corporation is authorized to issue and have outstanding at any one time is **500 shares** of common stock, which shares shall be of one dollar each (**\$1.00**).

**ARTICLE IV**

The pledge, sales, transfer or other disposition of the capital stock may be governed and restricted by the by-laws or written agreement among the stockholders, which shall be on file in the office of the corporation.

**ARTICLE V**

The amount of capital with which corporation may begin doing business shall be not less than one hundred dollars (**\$100.00**).

**ARTICLE VI**

The existence of the corporation is perpetual.

**ARTICLE VII**

The Initial Post Office Address of the Principal Office of the Corporation in the State of Florida is: 200 SW 117 TERRACE #107.Pembroke Pines.Fl. 33025The Board of Directors may, from time to time, move the principal office to any other address in the State of Florida. The registered address of corporation is:

200 SW 117 Terrace #107.PEMBROKE PINES.FL 33025

The Registered Agent at the Registered Address is: WILLIAM E. SANCHEZ. 200 SW 117 Terrace.#107.Pembroke Pines. Fl 33025

**ARTICLE VIII**

The business of the corporation shall be managed by a Board of Directors consisting of not less than one (1) or more than two (2) directors. A quorum for the holding of meetings of the board of directors and for the transaction of any business which will be properly done by the directors on behalf of the corporation shall consist of a majority of the members thereof, but the directors, by unanimous consent in writing, included among the minutes of the corporation, may consent to the doing of and act and such consent in writing shall have the same force and effect as though a formal meeting had been held pursuant to call being duly made and as though the said act had been present, or such duties may be delegated to an Executive Committee.

**ARTICLE IX**

The names and post office addresses of the members of the First Boards of Directors and the state of Corporate Officers are as follows:

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>
William E. Sanchez	President	200 SW 117 Terr #107. Pembroke Pines. Fl 33025

**ARTICLE X**

The names and post office addresses of the articles of incorporation and number of shares that they agree to take are:

<u>NAME</u>	<u>ADDRESS</u>	No. of <u>SHARES</u>
William E. Sanchez	200 SW 117 Terr #107 Pembroke Pines. Fl 33025	100.00%

The stock of the corporation may be issued pursuant to the provisions so Section 1244 of the Internal Revenue Code, so that the stockholders of the corporations may receive the benefits provided there under.

*In witness whereof*, we have hereunto set our hands and seal this  
**June, 23er, 2004**

State of Florida )  
County of Dade )

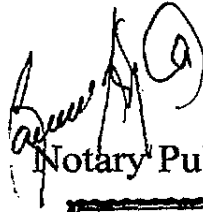
***I hereby certify that*** on this day, personally appeared before me, an officer duly authorized to administer oaths and taken acknowledgments under the laws of the State of Florida,

To me well known to be the persons described in and who executed the foregoing Certificate of Incorporation, and acknowledge before me that they executed the same freely and voluntary for the purpose there in expressed.

Witness my hand official seal at City of Miami, State of Florida, this

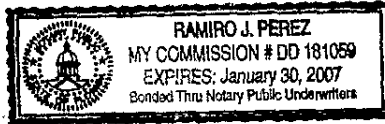
June 23er, 2004

Mr. Ramiro J. Perez



Notary Public, State of Florida

My Commission Expires:



Certificate designation place of business or domicile for the service of process within Florida, naming Agent upon who process may be served.

In compliance with Section 48.091, Florida Statutes, the following is submitted:

First, that: **WILLIAM E. SANCHEZ, M.D. P.A.**  
NAME OF THE CORPORATION

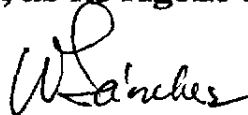
Desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at City of Miami, State of Florida, has named **WILLIAM E SANCHEZ**

(REGISTERED AGENT)

located at **200 SW 117 TERR #107.Pembroke Pines.FI 33025**  
(Street address and number of building)

City of Miami, State of Florida, as its Agent to accept service of process within Florida.

Signature:



Title:

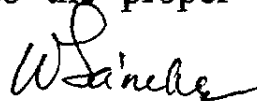
President

Date:

June, 23er 2004

Having been named to accept service of process for above state 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 may duties.

Signature:



(REGISTERED AGENT)

Date:

June 23er ,2004

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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