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To:

Division of Corporations
Fax Number : (850) 205-0391

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
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JAN 5 2005
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FLORIDA PROFIT CORPORATION OR P.A.

fabiola b. schlessinger, m.d., p.a.

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ARTICLES OF INCORPORATION
OF
FABIOLA B. SCHLESSINGER, M.D., P.A.

FILED
05 JAN -5 AM 9:50
TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Professional Service Corporation Act, F.S. Chapter 621, hereby adopts the following Articles of Incorporation.

ARTICLE I
NAME

The name of the corporation shall be:

FABIOLA B. SCHLESSINGER, M.D., P.A.

The principal place of business of this corporation shall be:

16800 Northwest 2 Avenue
Suite 208
Miami, Florida 33169

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ARTICLE II
NATURE OF BUSINESS

To render professional services in the field of MEDICINE and to do all other actions permitted by law.

ARTICLE III
CAPITAL STOCK

The aggregate number of shares and its par value that this corporation is authorized to have outstanding at any one time is:

1000 shares @ \$1.00 par value

ARTICLE IV
INITIAL REGISTERED OFFICE AND AGENT

The Corporation's initial Registered Agent and Registered Office in the State of Florida shall be:

FABIOLA B. SCHLESSINGER
16800 Northwest 2 Avenue
Suite 208
Miami, Florida 33169

ARTICLE V
TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI
OFFICERS AND DIRECTORS

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

FABIOLA B. SCHLESSINGER
16800 Northwest 2 Avenue
Suite 208
Miami, Florida 33169

ARTICLE VII
NAME AND ADDRESS OF INCORPORATOR

The name and address of the incorporator to this document is:

FABIOLA B. SCHLESSINGER
16800 Northwest 2 Avenue
Suite 208
Miami, Florida 33169

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IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of
Incorporation this 3rd day of JANUARY, 2005.

Fabiola B. Schlessinger
FABIOLA B. SCHLESSINGER

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

THE FOREGOING instrument was acknowledged and sworn before me this 3
day of January, 2005, by FABIOLA B. SCHLESSINGER, who is personally known to me and who did not take an oath.

Rochelle San Solé
Printed Name: ROCHELLE SAN SOLÉ
Notary Public, State of Florida

My commission expires:



Rochelle San Solé
My Commission DD216287
Expires May 28, 2007

The undersigned hereby accepts the foregoing designation as Initial Registered Agent
and agrees to comply with the provisions of law applicable to said DESIGNATION.

FABIOLA B. SCHLESSINGER., M.D.

By: Fabiola B. Schlessinger
Fabiola B. Schlessinger

JANUARY 3, 2005

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