

P05000006045

(Requestor's Name)

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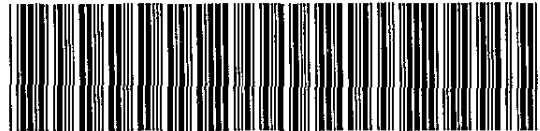
(Business Entity Name)

(Document Number)

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AND
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05 JAN 13 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 JAN 12 PM 2:59
DIVISION OF REGISTRATION

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. FRANK PIERRE M.D., P.A.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

2.00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

January 12, 2005

LAZARUS

SUBJECT: FRANK PIERRE M.D., P.A.
Ref. Number: W05000001843

We have received your document for FRANK PIERRE M.D., P.A. and your check(s) totaling \$78.75. 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) 245-6925.

Cynthia Blalock
Document Specialist
New Filings Section

Letter Number: 405A00002389

ARTICLES OF INCORPORATION

APPROVED
AND
FILED

05 JAN 13 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE ONE: NAME

The name of this corporation shall be:

FRANK PIERRE M.D., P.A.

ARTICLE TWO: NATURE OF BUSINESS

This corporation may engage in any activity or business permitted under the laws of the United States of America and the laws of the State of Florida. *The specific nature of business is: ANESTHESIA SERVICES*

ARTICLE THREE: TERM OF EXISTANCE

This corporation shall have perpetual existence, unless sooner dissolved in accordance with the laws of the State of Florida. The date on which Corporate existence shall begin, will be the date of filing of these Articles with the Secretary of State.

ARTICLE FOUR: CAPITAL STOCK

This Corporation is authorized to issue shares of stock as follows:

AUTHORIZED: The maximum number of shares of common stock that this corporation may issue is: 1000 shares.

CONSIDERATION: Shares of Common Stock may be issued in exchange for cash, real property, labor or services rendered, or in any combination of the foregoing. The judgement of the Board of Directors shall be conclusive as to the value of any such consideration.

NON-ASSESSABILITY: Each share of Common Stock shall be issued in exchange for consideration which is at least equal to the par value thereof, and shall be fully paid and non-assessable.

PAR-VALUE: Each share of Common Stock shall have the par-value of: One Dollar (\$ 1.00)

VOTING RIGHTS: Each share of Common Stock shall entitle the record holder thereof to one vote upon each proposal presented at meetings of the Stockholders of the Corporation.

DIVIDENDS: Record holders of Common Stock are entitled to receive their pro-rata share of any dividends that may be declared by the Board of Directors out of assets legally available for such purposes.

LIQUIDATION RIGHTS: Holders of Common Stock are entitled, in the event of liquidation or dissolution of this Corporation, to receive their pro-rate share of any assets of this Corporation remaining after payment of all corporate debts and obligations.

ARTICLE FIVE: DIRECTORS

This corporation shall have 2 Director(s) initially. The number of Directors may be increased or diminished from time to time by the By-Laws, but shall never be less than one.

The names and addresses of the initial Director(s) of this Corporation is/are:

FRANK PIERRE M.D.
13264 Doubletree Circle
Wellington, Fl. 33414

YOLA PIERRE
13264 Doubletree Circle
Wellington, Fl. 33414

ARTICLE SIX: PRINCIPAL OFFICE AND MAILING ADDRESS

The principal office for this Corporation will be the same as the mailing address. The address is:

13264 Doubletree Circle
Wellington, Fl. 33414

ARTICLE SEVEN: AMENDMENT

These Articles of Incorporation may be amended in any manner consistent with the laws of the State of Florida.

ARTICLE EIGHT: RESIDENT AGENT

The undersigned individual shall be Resident Agent for service of process in the state of Florida on behalf of the Corporation. The Resident Agent may resign at any time and the Corporation may change its Resident Agent at any time also.

Resident Agent: Frank Pierre
13264 Doubletree Circle
Wellington, Fla. 33414

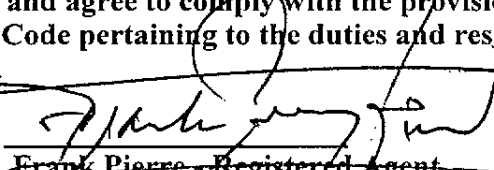
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SECRETARY OF STATE
TAMPA, FLORIDA

ACKNOWLEDGEMENT AND ACCEPTANCE OF REGISTERED AGENT

Having been named as Registered Agent of the above Corporation, at the place designated in the Articles of Incorporation. I hereby accept to act in this capacity, and agree to comply with the provisions of the Florida Corporations Code pertaining to the duties and responsibilities of a Registered Agent.


Frank Pierre - Registered Agent

ARTICLE NINE: INCORPORATION

The name of the person executing these Articles of Incorporation is:

FRANK PIERRE 

IN WITNESS WHEREOF, the undersigned Subscriber has executed these Articles of Incorporation this 15th day of December, 2004.


STATE OF FLORIDA }
 } SS:
COUNTY OF DADE }

I HEREBY CERTIFY THAT on this day, before me, a Notary Public, duly authorized in the State and County named above to take acknowledgements, personally appeared the above named individual, well known to me to be the person described in and who executed the foregoing Articles of Incorporation, and who acknowledged before me that same were executed for the purpose expressed therein.

IN WITNESS WHEREOF, I have hereunto affixed my hand and official seal at Miami, Dade County, State of Florida.

Date: December 15th, 2004

My Commission Expires:


Notary Public, State of
Florida, At large.