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Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850)205-0381

**From:**

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

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

**VALDIVIA FAMILY PRACTICE, P.A.**

Certificate of Status	0
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CL 3-1

ARTICLES OF INCORPORATION

of

VALDIVIA FAMILY PRACTICE, P.A.  
(Name of Corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I- CORPORATE NAME

The name of the corporation is:

VALDIVIA FAMILY PRACTICE, P.A.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida Law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of operating a MEDICAL CENTER.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue five hundred shares (500) of one dollar (\$) (1.00) par value Common Stock, which shall be designated "Common Shares."

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TALLAHASSEE, FLORIDA

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial Registered Agent office and the name of the Initial Registered Agent at that office are:

NAME GRISEL VALDIVIA  
ADDRESS 1735 WOODBRIDGE LAKE CIRCLE  
CITY WEST PALM BEACH, FL. 33406

The principal office, if known or the mailing address of the corporation is:

NAME VALDIVIA FAMILY PRACTICE, P.A.  
ADDRESS 2925 10 AVENUE NORTH SUITE 201 A  
CITY LAKE WORTH, FL 33461

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have TWO (2) director(s) initially. The number of directors may be either increased or diminished from time to time by the by-laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follow:

NAME GRISEL VALDIVIA  
ADDRESS 1735 WOODBRIDGE LAKE CIRCLE  
CITY WEST PALM BEACH, FL. 33406

NAME KENETH RIVERA KOLB  
ADDRESS 1725 SHORE SIDE  
CITY WELLINGTON , FL 33414

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME GRISEL VALDIVIA  
ADDRESS 1735 WOODBRIDGE LAKE CIRCLE  
CITY WEST PALM BEACH, FL. 33406

NAME KENETH RIVERA KOLB  
ADDRESS 1725 SHORE SIDE  
CITY WELLINGTON, FL 33414

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_

IN WITNESS WHEREOF, the undersigned and subscriber(s) have executed these Articles of Incorporation this 10 OF MARCH , 2005.

 \_\_\_\_\_ (Seal)

 \_\_\_\_\_ (Seal)

\_\_\_\_\_ (Seal)

\_\_\_\_\_ (Seal)

CERTIFICATE AND ACKNOWLEDGEMENT  
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

VALDIVIA FAMILY PRACTICE.  
(Name Corporation)

Pursuant to Florida Statutes Sections 48.091 and  
607.0501, the following is submitted:

The above corporation, desiring to organize under the  
laws of the State of Florida with its registered office  
as indicated in the Articles of Incorporation

At: VALDIVIA FAMILY PRACTICE  
2925 10 AVENUE NORTH  
LAKE WORTH , FL 33461

Has named GRISEL VALDIVIA

Located at the aforesaid address, as its Registered  
Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service  
of process for the above stated corporation at the  
place designated in this certificate, and being  
familiar with the obligations of that position, I  
hereby accept to act in this capacity, and agree to  
comply with the provisions of Florida Law in keeping  
open said office.



(REGISTERED AGENT)

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