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WOS-18747

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05 APR 22 AM 8:48

ALLIANCE STATE  
TALLAHASSEE, FLORIDA

T. Burch APR 22 2005

## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Hospitalists Service Organization, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Elena Marie Domeq  
Name (Printed or typed)

7805 Coral Way, Suite 103  
Address

Miami, FL 33155  
City, State & Zip

305-269-9788  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

April 13, 2005

ELENA MOURE-DOMECQ  
7805 CORAL WAY STE 103  
MIAMI, FL 33155-6539

SUBJECT: HOSPITALISTS SERVICE ORGANIZATION, INC.  
Ref. Number: W05000018747

We have received your document for HOSPITALISTS SERVICE ORGANIZATION, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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) 245-6928.

Tim Burch  
Document Specialist  
New Filings Section

Letter Number: 005A00025316

**ARTICLES OF INCORPORATION  
OF  
HOSPITALISTS SERVICE ORGANIZATION, INC.**

The undersigned acting as subscribers of a Corporation under the Florida Corporation Law, adopt the following Articles of Incorporation for such Corporation.

FILED  
05 APR 22 AM 8:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I**

The name of the Corporation is:

**HOSPITALISTS SERVICE ORGANIZATION, INC.**

**ARTICLE II**

The purpose for which the Corporation is organized is to engage in any activities or business permitted under the laws of the United States and Florida.

**ARTICLE III**

The aggregate number of shares that the Corporation shall have the authority to issue is ONE HUNDRED (100) shares of Capital Stock, all of one class, with a par value of One Dollar (\$ 1.00) per share.

**ARTICLE IV**

The period of duration of the Corporation is perpetual.

**ARTICLE V**

The amount of capital with which the Corporation shall begin business is not less than ONE HUNDRED DOLLARS (\$100.00).

**ARTICLE VI**

**PRINCIPAL OFFICE**

The principal address and registered office address (are the same) of the Corporation is:

**9415 N.E. 6<sup>th</sup> Avenue, Miami Shores, Florida 33138**

and the name of its initial Registered Agent is:

**Elena Moure-Domecq**

**ARTICLE VII**

The number of directors constituting the initial Board of Directors of the Corporation are:

**MARIA A. DIAZ 9415 N.E. 6<sup>th</sup> Avenue, Miami Shores, Florida 33138**

**ARTICLE VIII**

The name and address of the initial Subscriber is:

**MARIA A. DIAZ 9415 N.E. 6<sup>th</sup> Avenue, Miami, Florida 33138**

**ARTICLE IX**

The following named persons shall be the officers of this Corporation for the first year of its existence or until their successors are elected and have qualified:


**Elena Moure-Domecq Registered Agent**


**ARTICLE X**

Shareholders shall not be entitled to preemptive rights.

**IN WITNESS WHEREOF**, we the undersigned, have made, subscribed and acknowledged this Article of Incorporation, this 14th day of March, 2005.

**HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE.**

  
\_\_\_\_\_  
**Elena Moure-Domecq**  
**Registered Agent**  
**9260 Sunset Drive, Suite 219**  
**Miami, Florida 33173**

  
\_\_\_\_\_  
**Maria A. Diaz**  
**Incorporator**

**STATE OF FLORIDA**  
**SS**

**COUNTY OF MIAMI- DADE:**

**BEFORE ME**, the undersigned authority, personally appeared

**MARIA A. DIAZ**

to me well known to be the person described herein, and She acknowledged before me, according to law, that he made and he subscribed the same for the purpose therein mentioned and setforth.

**IN WITNESS WHEREOF**, I have hereunto set my hands and my Official Seal, this 14th day of March, 2005.

**My commission expires:**



**Yinett Valdes**  
Commission #DD159274  
Expires: Oct 17, 2006  
Bonded Thru  
Atlantic Bonding Co., Inc.

CORP83/031405

  
**NOTARY PUBLIC, State of Florida**  
**at Large**