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TRANSMITTAL LETTER

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

CORPORATE DOMESTICATION SUBJECT: Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for: FEES: Certificate of Domestication \$50.00 Articles of Incorporation and Certified Copy \$78.75 Total to domesticate and file \$128.75 **OPTIONAL:** Certificate of Status \$ 8.75 \mathbf{FROM} : J. RANDY JINKINS, MD, PC Name (printed or typed) 4250 SALZEDO STREET, PH-1 Address CORAL GABLES, FL 33146 City, State & Zip 305-445-9781

Daytime Telephone Number

CERTIFICATE OF DOMESTICATION

The undersign	eđ, J. RANDY JINKINS	PRESIDENT	و المعين و
J	(Name)	(Title)	
of J. RANDY	JINKINS, MD, PC	a foreig	gn corporation,
in accordance	(Corporation Name) with s. 607.1801, Florida Statutes, does here	_	
1. The date o	The date on which corporation was first formed was SEPTEMBER 10 2003		2003
_	ction where the above named corporation w	as first formed, incorporate	d, or otherwise
	of the corporation immediately prior to the f	iling of this Certificate of D	
	of the corporation, as set forth in its articles and 607.0401 with this certificate is J. RAN	•	pursuant to
administra	ction that constituted the seat, siege social, or the corporation, or any other equivalence of the Certificate of Dom	ent jurisdiction under applic	
6. Attached a to s. 607.18	re Florida articles of incorporation to comple	ete the domestication requir	rements pursuant
I am J. RANDY	JINKINS , of J. RANDY JINKINS, MD, PC		<u> </u>
and am authori	zed to sign this Certificate of Domestication	on behalf of the corporation	n and have done
so this the 25	day of _APRIL		2005
	(Authorizea Signal	ture)	_ ·

Filing Fee:

Certificate of Domestication
Articles of Incorporation and Certified Copy
Total to domesticate and file

\$50.00 <u>\$78.75</u> \$128.75

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:
J. RANDY JINKINS, MD, PC

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAÎLING ADDRESS ÎS: 4250 SALZEDO STREET, PH-1 CORAL GABLES, FL 33146

FILED

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SECRETARY OF STATE - TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

TO PRACTICE THE PROFESSION OF MEDICINE & ENGAGE IN ANY PHASE OF THAT PROFESSION BY RENDERING THE SAME PROFESSIONAL SERVICES TO THE PUBLIC THAT A MEDICAL DOCTOR LICENSED UNDER THE LAWS OF THE STATE OF FLORIDA IS AUTHORIZED TO RENDER, BUT SUCH PROFESSIONAL SERVICES SHALL BE RENDERED ONLY THROUGH OFFICERS, EMPLOYEES & AGENTS OF THE CORPORATION WHO ARE LICENSED UNDER THE LAWS OF THE STATE OF FLORIDA TO PRACTICE AS MEDICAL DOCTORS.

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 200

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

J. RANDY JINKINS, PRESIDENT, TREASURER & DIRECTOR
4250 SALZEDO STREET, PH-1
CORAL GABLES, FL 33146

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

J. RANDY JINKINS 4250 SALZEDO STREET, PH-1 CORAL GABLES, FL 33146

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

J. RANDY JINKINS 4250 SALZEDO STREET, PH-1 CORAL GABLES, FL 33146

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

Signature/Registered Agent

Signature/Incorporator

Agnil 30, 2005

Date

Date