

PD5000/05373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

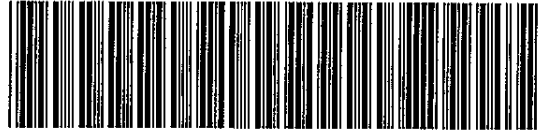
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
05 JUL 28 AM 10:32

MRD
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TRANSMITTAL LETTER

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

SUBJECT: Amado Viera, M.D., P.A.
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Amado Viera, M.D.
Name (Printed or typed)

9124 Collins Avenue, # 305
Address

Surfside, Florida 33154
City, State & Zip

305-318-0108
Daytime Telephone number

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

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Amado Viera, M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

9124 Collins Avenue, #305, Surfside, FL 33154

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide medical attention to patients.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

*Amado Viera, M.D., 9124 Collins Ave., #305, Surfside, FL 3315
President*

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

*Liz Y. Viera
300 Surfside Blvd, Surfside, FL 33154*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Amado Viera, M.D.
9124 Collins Ave., #305, Surfside, FL 33154*

Having been named as registered agent 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]

Signature/Registered Agent

7/25/05

Date

[Signature]

Signature/Incorporator

7/25/05

Date