

COVER LETTER

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

SUBJECT: HOMESTEAD MEDICAL CLINIC, 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

\$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: DAMARIS G. SALCINES D.M.D.
Name (Printed or typed)

125 N.E. 8th Street, Suite #1
Address

Homestead, FL 33030
City, State & Zip

(305) 387-4954
Daytime Telephone number

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

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:

HOMESTEAD MEDICAL CLINIC, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

125 NE. 8 Street Suite #1
Homestead, FL 33030

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The practice of Medicine.

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):

Damaris Salcines, 125 NE. 8 Street Suite #1, President
Homestead, FL 33030.
Luis Gomara, 125 NE. 8 Street Suite #1, Vice-Pres.
Homestead, FL 33030.

ARTICLE VI REGISTERED AGENT

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

Damaris Salcines, 125 N.E. 8 Street Suite #1
Homestead, FL 33030.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Damaris Salcines, 125 N.E. 8 street Suite #1
Homestead, FL 33030

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

D. Salcines
Signature/Registered Agent
D. Salcines
Signature/Incorporator

9/14/05
Date
9/14/05
Date

2005 SEP 13 P 4: 34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED