COSC TOLORSEE LE ZES

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000120389 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

: (850)205-0381 Fax Number

Please give original submission date as file det

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : 120000000195 Phone ; (850)521-1000 Fax Number : (850)558-1575

FLORIDA PROFIT/NON PROFIT CORPORATION

DIGESTIVE DISEASES SERVICES OF FLORIDA, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	# 3
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help



FILE No.612 05/02 '06 08:35

ID:CSC TALLAHASSEE

FAX:850 558 1575

PAGE

2/ 3

5/2/2006 9:33 PAGE 001/001 Florida Dept of State

RESUBINI
Please give original
submission date as Sir Sir

May 2, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORPORATION SERVICE COMPANY

SUBJECT: DIGESTIVE DISEASES SERVICES OF SOUTH FLORIDA, P.A. REF: W06000020353

We received your electronically transmitted document. However, the document has not been filled. Please make the following corrections and refax the complete document, including the electronic filling cover sheet.

The registered agent must sign accepting the designation.

If you have any further questions concerning your document, please 0211 (850) 245-6855.

Tammy Hampton Document Specialist New Filing Section FAX Aud. #: #06000120389 Letter Number: 506A00030914

P.O BOX 6327 - Tallahassee, Florida 32314

LOCATION:850-205-0381

RX TIME 05/02 '06 08:25

ID:CSC TALLAHASSEE

#06000120389

ARTICLES OF INCORPORATION

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

<u>ARTICLE I</u>

The name of the corporation shall be:

Digestive Diseases Services of South Florida, P.A.

<u>ARTICLE II</u> PRINCIPAL OFFICE

The principal place of business/mailing address is:

4780 NW 186th Street, Miami, FL 33055

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To render professional medical services to the public through members, officers, employees and agents who are physicians and surgeons licensed to practice medicine in the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Director: Luis Nasiff, M.D., 4780 NW 186th Street, Miami, FL 33055

President, Secretary and Treasurer: Luis Nasiff, M.D., 4780 NW 186th Street, Miami, FL 33055

ARTICLE VI REGISTERED AGENT

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

Corporation Service Company, 1201 Hays Street, Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ellen Layton, Esq.

One North Wacker Drive, Suite 4400, Chicago, IL 60606

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

Deborah D. Skipper 5/2/06 Date rum April 28, 2006 Signature/Incorporator Date

₩06000120389 =