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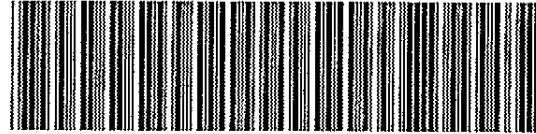
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TALLAHASSEE, FLORIDA

D. WHITE JAN 24 2007

**DONNELLY & RUSSO, P.A.**

ATTORNEYS AT LAW

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January 19, 2007

Secretary of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Fl. 32314

Re: Filing of Articles of Incorporation for  
Avilio E. Munoz, M.D., P.A.

To Whom It May Concern:

Please find enclosed the Articles of Incorporation for referenced corporation, along with a check for \$78.75 for the filing fees.

Please file the Articles of Incorporation and provide our office with a Certificate of Good Standing.

Thank you for your attention to this matter. If you have any questions, please feel free to contact me.

Sincerely,



Vikki Brown

Legal Assistant to Joseph C. Russo

Enc.

**ARTICLES OF INCORPORATION  
OF  
AVILIO E. MUNOZ M.D., P.A.**

FILED  
07 JAN 22 AM 8:16  
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TALLAHASSEE, FLORIDA

The undersigned hereby organizes a corporation for profit under the provisions of the Florida Professional Service Corporation and Limited Liability Company Act, and pursuant to the following Articles of Incorporation.

**ARTICLE 1**

**Name**

The name of this corporation is: **AVILIO E. MUNOZ, M.D., P.A.**

**ARTICLE 2**

**Mailing Address**

The mailing and street address for the principal office of this corporation is: **15289 Amberly Drive., Tampa, Fl. 33647.**

**ARTICLE 3**

**CORPORATION PURPOSES, POWERS & RIGHTS**

The nature of the business to be conducted or promoted and the purposes of the corporation are to engage in the practice of medicine and any lawful act or activity for which a professional service corporation engaged in such profession may be organized under the Professional Service Corporation Act and Limited Liability Company Act (AACT@), and in which such a corporation is permitted to engage under applicable law. In furtherance of its corporate purposes, the corporation shall have all the general and specific powers and rights granted to and conferred on a corporation by the Act.

**ARTICLE 4**

**Shares**

This corporation is authorized to issue Seven Thousand Five Hundred (7,500) shares of One Dollar (\$1.00) par value common stock.

**ARTICLE 5**

**Initial Registered Office and Agent**

The street address of the initial registered office of this corporation is **15289 Amberly Drive., Tampa, Fl. 33647**, and the name of the initial registered agent of this corporation at that address is **DR. AVILIO E. MUNOZ, M.D.**

**ARTICLE 6**

**Incorporator**

The name and address of the person signing these Articles is: **DR. AVILIO E. MUNOZ M.D., 15289 Amberly Drive., Tampa, Fl. 33647.**

**ARTICLE 7**

**Initial Board of Directors**

This corporation shall have **ONE (1)** director(s) initially. The number of directors may be either increased or diminished from time to time by the Bylaws, but shall never be less than

one (1). The name and address of the initial director(s) of this corporation is/are:

**DR. AVILIO E. MUNOZ, M.D. - 15289 Amberly Drive., Tampa, FL 33647.**

The method of election of directors will be as stated in the Bylaws.

**ARTICLE 8**  
**Indemnification**

The corporation may enter into indemnification agreements and adopt Bylaw provisions for indemnification of any officer or director, or any former officer or director, or may provide, at the corporation's election, for indemnification of any officer or director, or any former officer or director, without agreement or Bylaw provisions to the full extent permitted by law. The corporation shall not be subject to court-ordered indemnification pursuant to Section 607.0850(9), Florida Statutes.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation, this 17<sup>th</sup> day of January, 2007.

  
\_\_\_\_\_  
**DR. AVILIO E. MUNOZ, M.D.**

**STATE OF FLORIDA**  
**COUNTY OF HILLSBOROUGH**

The foregoing instrument was acknowledged before me this 17<sup>th</sup> day of January 2007 by **DR. AVILIO E. MUNOZ, M.D.**

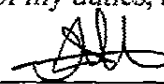
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Type, Print or Stamp Name of Notary \_\_\_\_\_  
Personally known ☒  
or Produced Identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_

**Acceptance of Registered Agent**

Having been named as registered agent to accept service of process for the above-stated corporation at the place designated in this certificate, I hereby accept the appointment of registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
\_\_\_\_\_  
**DR. AVILIO E. MUNOZ, M.D.**

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