P0700	0040423
(Requestor's Name) (Address)	700094186937
(Address) (City/State/Zip/Phone #)	03/28/0701012023 **78.75
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	RECTVED 07 MAR 28 AN II: 06 DIVISIL LANSEFF, FLORIDA
I spoke with Allen and he Said this is not a PA; but a medical title. Uffice Use Only	FILED 07 MAR 30 PH 2: 01 SECRETWEY OF STATE TALLAHASSEE, FLORIDA
	VH

	·	
LAZARUS CORPORATE FILING SERV	VICE	
3320 SW 87TH AVENUE		
MIAMI, FL 33165 (305) 552-59	973	
	Office Use Only	
CORPORATION NAME(S) & DOCUM		
1 CASTANEDA &		EDICAL
(Corporation Name)	(Document #)	CITER
2(Corporation Name)	. (Decement #)	ENTER
(Corporation Name)	(Document #)	
3		
(Corporation Name)	(Document #)	
4(Corporation Name)		
	(Document #)	
Walk in Pick up time	Certified C	• -
Mail out Will wait	Photocopy Certificate	of Status
NEW FILINGS	AMENDME	
Profit		
Not for Profit	Resignat They Sith	\mathcal{D}_{1}
 Limited Liability Domestication 	Dissoluti Mat The	1520+
Other	Merger A profession	Mala
OTHER FILINGS	Amendm Resignat Change (Dissoluti Merger Aprofession REGISTRA' Foreign	()
Annual Report	Foreign	0
Fictitious Name	 Limited Reinstat 	
	Tradem:	
	U Other	I.
· · ·	Examiner's	Initials
CR2E031(7/97)	Lange	

-- - -

۰.

٢



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 29, 2007

LAZARUS

SUBJECT: CASTANEDA & CO, PA & M.D. MEDICAL CENTER Ref. Number: W07000015498

We have received your document for CASTANEDA & CO, PA & M.D. MEDICAL CENTER and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The specific business purpose of the professional association must be stated in the document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring Document Specialist New Filing Section

Letter Number: 107A00021606

FILED

07 MAR 30 PM 2:01

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

CASTANEDA & CO, PA & M.D. MEDICAL CENTER, CORP.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be: +4

7200 NW 7th STREET SUITE: 120 MIAMI, FL 33126

ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JOSE J. CASTANEDA 630 NE 177 STREET MIAMÍ, FL 33162

FIĽED 07 MAR 30 PH 2:01 THETARY OF STATE AMASSEE, FLORIDA

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

JOSE J CASTANEJA 630 NE 177 STREET MIAMI, FL 33162

The undersigned incorporator has executed these Articles of Incorporation this 27 day of March 2007

ARTICLE VI- DIRECTOR(S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

Jose J.	CASTANEDA	, PRESIDENT	85	7.
Angel M.	Carrasc O	, Director.	15	٧.

<u>CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE</u> Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature