

PC 7888052971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900098759169

05/02/07--01031--013 \*\*78.75

FILED

2001 MAY -2 P 1:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5-3-07  
LO-0-07

*JA & S Accountants, Inc.*

2323 W 52 St. Hialeah, FL 33016 • Ph: 305-826-0030 • Fax: 305-826-0223

---

---

INTEROFFICE MEMORANDUM

---

TO: DIVISION OF CORPORATIONS  
FROM: JA & S ACCOUNTANTS, INC.  
2323 W 52 ST HIALEAH, FL 33016  
SUBJECT: CLINICAS ENDOSCOPICAS ASCLEPIOS, CORP.  
DATE: 04/26/2007  
CC:

---

Please at soon the Articles of Corporation has been filed forward all the documentation to

JA & S ACCOUNTANTS INC

2323 W 52 ST

HIALEAH, FLORIDA 33016

Thank You

  
Sonia Garcia

**ARTICLES OF CORPORATION**

**OF**

**CLINICAS ENDOSCOPICAS ASCLEPIOS, CORP.**

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

**ARTICLE I NAME**

The name of the corporation shall be:

**CLINICAS ENDOSCOPICAS ASCLEPIOS, CORP.**

**ARTICLE II PRINCIPAL OFFICE**

5480 W 21 CT APT 202  
HIALEAH, FL 33016

Mailing address:

5480 W 21 CT APT 202  
HIALEAH, FL 33016

**ARTICLE III PURPOSE (S)**

The specific purpose (s) for which the corporation is organized is (are):

A CORPORATION TO DO ANY LEGAL BUSINESS.

THE CORPORATION WILL HAVE A 1000 SHARES FOR \$5.00 VALUE EACH.

**ARTICLE IV MANNER OF ELECTION OF DIRECTORS**

The manner in which the directors are elected or appointed is:

By the people that conform the Corporation


**FILED**  
2001 MAY -2 P 1:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida Street address of the initial registered agent is:

NOEL RODRIGUEZ  
5480 W 21 CT APT 202  
HIALEAH, FL 33016

Having been named as registered agent and to accept services of process for the above stated corporation at the 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 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.

  
\_\_\_\_\_  
Signature / Registered Agent  
NOEL RODRIGUEZ

04-25-02  
\_\_\_\_\_  
Date

**ARTICLE VI INCORPORATOR**

The **name and address** of the Incorporator to these Articles of Incorporation are:

Dr. NOEL RODRIGUEZ  
5480 W 21 CT APT 202  
HIALEAH, FL 33016

45 % OF SHARE      PRESIDENT

MARK SPENCE, MD  
8301 DUNDEE TR  
MIAMI LAKES, FL 33015

45 % OF SHARE      PRESIDENT

FLOREAL RODRIGUEZ  
5480 W 21 CT APT 202  
HIALEAH, FL 33016

10% OF SHARE      SECRETARY

  
\_\_\_\_\_  
**Dr. NOEL RODRIGUEZ**  
**PRESIDENT**

04-25-07  
Date

  
\_\_\_\_\_  
**MARK SPENCE, MD**  
**VI-PRESIDENT**

04-24-07  
Date

  
\_\_\_\_\_  
**FLOREAL RODRIGUEZ**  
**SECRETARY**

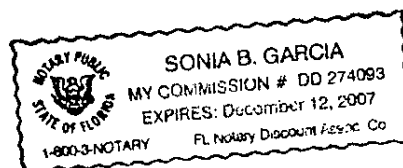
04/25/07  
Date

**STATE OF FLORIDA)**  
**) S.S.**  
**COUNTY MIAMI DADE)**

**BEFORE ME, an officer duly authorized in the state aforesaid in the county aforesaid to take acknowledgments, personally appeared NOEL RODRIGUEZ, MARK SPENCE AND FLOREAL RODRIGUEZ persons described in and who executed the same for the purposes therein they expressed.**

**WITNESS my hand and official seal in the County and State last aforesaid in this 23 of APRIL of 2007.**

  
\_\_\_\_\_  
**SONIA B. GARCIA**  
**NOTARY PUBLIC**



**CLINICAS ENDOSCOPICAS ASCLEPIOS, CORP.**