

P07000054934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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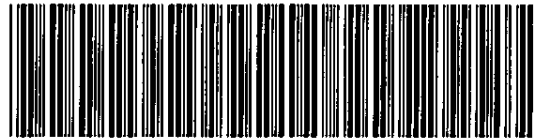
(Business Entity Name)

(Document Number)

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07 MAY -7 PM 4:28

5/8/07

**COVER LETTER**

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 MAY -7 PM 4:28

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

**SUBJECT:** HealthFirst Medical, 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:** Kansky J. DeLisma, MD

Name (Printed or typed)

20921 SW 103 CT

Address

Miami FL 33189

City, State & Zip

203 982 3492

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)

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### ARTICLE I NAME

The name of the corporation shall be:

HealthFirst Medical, P.A.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

20921 SW 103 CT  
Miami FL 33189

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide medical care in hospital and ambulatory clinic settings.

### ARTICLE IV SHARES

The number of shares of stock is:

2000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Kansky J. DeLisma, MD , CEO  
3311 SW 23 St  
Miami FL 33145  
Marie G. DeLisma, General Manager  
- same address -

### ARTICLE VI REGISTERED AGENT

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

Kansky J. DeLisma, MD  
20921 SW 103 CT  
Miami FL 33189

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kansky J. DeLisma, MD  
20921 SW 103 CT  
Miami FL 33189

\*\*\*\*\*

*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*

Kansky J. DeLisma, MD  
Signature/Registered Agent

5/2/2007  
Date

Kansky J. DeLisma, MD  
Signature/Incorporator

5/2/2007  
Date