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SEGRETARY OF STATE
LAUL/MASSEE, FLORIDA

COVER LETTER

FILED 07 JUL 19 PM 1: 57

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

SUBJECT: SOUTH FLORIDA INTERVENTIONAL CARDIOLOGY, PA
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the arti	icles of incorporation and	a check for:		
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED		
FROM: SOUTH FLORIDA INTERVENTIONAL CARDIOLOGY, PA Name (Printed or typed)				
12002 SW 128 COURT, SUITE 204 Address				
MIAMI, FLORIDA 33186 City, State & Zip				
786-594-1771 Daytime T	elephone number			

NOTE: Please provide the original and one copy of the articles.



ARTICLES OF INCORPORATION OF

SOUTH FLORIDA INTERVENTIONAL CARDIOLOGY, PÅ

ARTICLE I - NAME

The name of the corporation is South Florida Interventional Cardiology, PA

ARTICLE II – PRINCIPAL OFFICE

The mailing address and the street address of the principal office of the corporation is:

12002 SW 128 Court, Suite #204 Miami, Fl 33186

ARTICLE III - PURPOSE

The general nature of the business to be transacted and carried on by this corporation and its objects and purposes are to conduct any and all lawful business consistent with the provisions hereinafter set out or provided and it shall have all the powers conferred by the laws of the State of Florida namely to provide services such as heart catheterization and intervention, invasive cardiology, noninvasive cardiology – echocardiography, nuclear cardiology and stress testing.

ARTICLE IV - SHARES

The initial shares of stock issued is 1000 shares common stock.

ARTICLE V - INITIAL OFFICERS AND DIRECTORS

The name and address if the initial officer and director is:

Ariel J. De La Rosa 335 S. Biscayne Blvd, #3500 Miami, Fl 33131 President and Director

ARTICLE VI - REGISTERED AGENT

The name and address of the registered agent is:

Pedro De La Rosa 1423 Alhambra Circle Coral Gables. Fl 33143 - 1711.

ARTICLE VII – INCORPORATOR

The name and address of the Incorporator is:

Ariel J. De La Rosa 335 S. Biscayne Boulevard, # 3500 Miami, FL 33131

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.

Signature/Registered Agent

Date

Signature/Incorporator

Date i