



**COVER LETTER**

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

SUBJECT: SOUTH DADÉ URGENT CARE INC  
(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: JEFFRY FAYNE  
Name (Printed or typed)

12010 NW 15 AVE  
Address

PEMBROKE PINES FL 33026  
City, State & Zip

954-885-7911  
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)

## ARTICLE I NAME

The name of the corporation shall be:

South Dade Urgent Care INC

## ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

7540 SW 61 AVENUE  
South Miami FL33143

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Walk -IN -Medical Services

## ARTICLE IV SHARES

The number of shares of stock is:

1,000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Ramon Leon M.D. 7540 SW 61 Ave Miami FL33143 Director  
Leonard Zimmerman M.D. 7540 SW 61 Ave Miami, FL 33143 Director  
Mark Zeger M.D. 7540 SW 61 Ave Miami FL 33143 Director

## ARTICLE VI REGISTERED AGENT

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

Jeffry Faine  
IMCS  
12010 NW 15 TH Street  
Pembroke Pines, FL33026

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ramon Leon M.D.  
7540 S.W. 61 Ave  
South Miami, FL33143

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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

Jeffry Faine  
Signature/Registered Agent

Ramon Leon M.D.  
Signature/Incorporator

JAN 22, 2009  
Date

JAN 22, 2009  
Date

FILED  
09 JAN 26 AM 9:01  
SOUTH MIAMI, FL  
CLERK OF DISTRICT COURT