

**P11000025892**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H11000067229 3)))



H110000672293ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**

Division of Corporations  
Fax Number : (850) 617-6381

**From:**

Account Name : BERRIZ & GIRALDO P.A.  
Account Number : 119990000017  
Phone : (305) 485-9300  
Fax Number : (305) 485-1098

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
ADVANCE MEDICAL OTORHINOLARYNGOLOGY OF FLORIDA  
CORP**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

RECEIVED  
11 MAR 15 PM 1:27  
DIVISION OF CORPORATIONS

FILED  
2011 MAR 15 AM 10:47  
TALLAHASSEE, FLORIDA

H11000067229 3

ARTICLES OF INCORPORATION

OF

**ADVANCE MEDICAL OTORHINOLARYNGOLOGY OF FLORIDA, CORP.**

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the state of Florida.

ARTICLE I

The name of this corporation shall be:

**ADVANCE MEDICAL OTORHINOLARYNGOLOGY OF FLORIDA, CORP.**

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:  
To have perpetual succession by it's corporate

Name:

**ADVANCE MEDICAL OTORHINOLARYNGOLOGY OF FLORIDA, CORP.**

H11000067229-3

2011 MAR 15 AM 10:4  
FILED  
CLERK OF THE  
DEPARTMENT OF  
STATE  
TALLAHASSEE, FLORIDA

*H110000672293*

**ARTICLE IV**

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$ 10.00

Unless otherwise stated in these articles or an amendment to these articles, there shall be only one (1) class of stock of this corporation.

**ARTICLE V**

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

**LUIS URDANETA  
15341 SW 36 ST  
MIAMI FL 33185**

The principal office shall be:

**15341 SW 36 ST  
MIAMI FL 33185**

*H110000672293*

MAR-26-2009 06:33 DE :

A:18506176381

P.5/5

*H11000067229 3*

#### ARTICLE VI

The initial Board of Directors shall consist of a total of ONE (1) person, and the name and address of the person who is to serve as an initial director is:

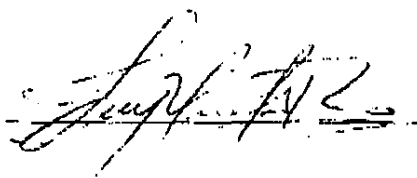
**LUIS URDANETA**  
15341 SW 36 ST  
MIAMI FL 33185

**PRESIDENT**

The name and address of the incorporator executing these articles of incorporation

**LUIS URDANETA**  
15341 SW 36 ST  
MIAMI FL 33185

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these articles of incorporation this 14 day of MARCH 2011

A handwritten signature in dark ink, appearing to read 'Luis Urdaneta', is written over a horizontal line.

HM000067229 3

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, Submits the following statement in designating the registered office /registered agent, in the State of Florida.

1. The name of the corporation is

**ADVANCE MEDICAL OTORHINOLARYNGOLOGY OF FLORIDA, CORP.**

2. The name and address of the registered agent and office is:

**LUIS URDANETA  
15341 SW 36 ST  
MIAMI FL 33185**

FILED  
2011 MAR 15 AM 10:40  
TALLAHASSEE FLORIDA

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE 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. ANN I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

  
Dated: MARCH 14 2011

HM000067229 3