P11000080591

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11 SEP -9 PM 5:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1/H

# COVER LETTER

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

SUBJECT: Joanna M. Rodriguez, M.D., 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:

- [x] $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: Howard Mofsen CPA
Name (Printed or typed)

9728 W. Sample Rd
Address

Coral Springs, FL 33065
City, State & Zip

954 753-3545
Daytime Telephone number

homof@mindspring.com
E-mail address: (to be used for future annual report notification)

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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 6, 2011

HOWARD MOFSEN CPA
9728 W. SAMPLE RD
CORAL SPRINGS, FL 33065

SUBJECT: JOANNA M. RODRIGUEZ, M.D., P.A.
Ref. Number: W11000045924

We have received your document for JOANNA M. RODRIGUEZ, M.D., P.A. and your check(s) totaling $70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 411A00020623

**ARTICLES OF INCORPORATION**
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

***ARTICLE I NAME*** Joanna M. Rodriguez, M.D., P.A.
The name of the corporation shall be:

***ARTICLE II PRINCIPAL OFFICE***

Principal street address
252 W. Forest Oak Circle
Davie, FL 33325

Mailing address, if different is:

***ARTICLE III PURPOSE***
The purpose for which the corporation is organized is:
All legal purposes. - Medical Doctor, Nephrology Services.

***ARTICLE IV SHARES***
The number of shares of stock is One Thousand

***ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS***

Name and Title: Joanna M. Rodriguez, President
Address: 252 W. Forest Oak Circle
Davie, FL 33325

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

***ARTICLE VI REGISTERED AGENT***
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: Howard J Mofsen
Address: 9728 W Sample Rd
Coral Springs, FL 33065

***ARTICLE VII INCORPORATOR***
The name and address of the Incorporator is:
Name: Joanna M Rodriguez
Address: 252 W Forest Oak Circle
Davie, FL 33325

FILED
11 SEP -9 PM 5:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

APPROVED AND FILED

***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***

Required Signature/Registered Agent — Date: 8-29-11

***I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.***

Joanna Rodriguez
Required Signature/Incorporator — Date: 8/25/11