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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : EMPIRE CORPORATE KIT COMPANY
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12 APR -9 AM 10:37
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TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
CORINE M. MUNNINGS, M.D., P.A.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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April 9, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EMPIRE

SUBJECT: CORINE M. MUNNINGS, M.D., P.A.
REF: W12000019661

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

If you have any further questions concerning your document, please call (850) 245-6052.

Justin M Shivers
Regulatory Specialist II
New Filing Section

FAX Aud. #: H12000091040
Letter Number: 112A00011286

P.O BOX 6327 - Tallahassee, Florida 32314

H12000091040

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

FILED

12 APR -9 AM 10:37

ARTICLE I NAME

The name of the corporation shall be: **Corine M. Munnings, M.D., P.A.**

ARTICLE II PRINCIPAL OFFICE

Principal street address

550 N.E. 199th Terrace
Miami, FL 33179

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FL 32304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Healthcare Services

ARTICLE IV SHARES

The number of shares of stock is: 100 Shares @ \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Corine M. Munnings, M.D., P.A. P/S/D Name and Title: _____
Address: 550 N.E. 199th Terrace Address: _____
Miami, FL 33179 _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Corine M. Munnings
Address: 550 N.E. 199th Terrace
Miami, FL 33179

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Corine M. Munnings
Address: 550 N.E. 199th Terrace
Miami, FL 33179

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

4/5/12
Date

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.

Required Signature/Incorporator

4/5/12
Date

H12000091040