

CORPORATION INFORMATION
SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-0393 FAX

CSC networks

MAIL TO:
P.O. Box 5828
TALLAHASSEE, FL 32314

P95000001367

RECEIVED

95 JAN -5 11:21

DIVISION OF REGISTRATION

ACCOUNT NO. : 072100000032

REFERENCE : 520423 82293A

AUTHORIZATION : Patricia Pizito

COST LIMIT : \$ 131.25

122.50 charged on this Invoice
8.75 charged through
certification
200001370932

ORDER DATE : January 5, 1995

ORDER TIME : 10:50 AM

ORDER NO. : 520423

CUSTOMER NO: 82293A

CUSTOMER: Almadeo Lopez-castro, III, Esq
MARTINEZ-ESTEVE, LOPEZ-CASTRO

Suite 304
901 Ponce De Leon Boulevard
Coral Gables, FL 33134

DOMESTIC FILING

NAME: MARIA C. IPARRAGUIRRE, M.D.,
P.A.

☒ ARTICLES OF INCORPORATION
☐ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☒ CERTIFIED COPY
☐ PLAIN STAMPED COPY
☒ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Danny G. Smith

EXAMINER'S INITIALS:

FILED
95 JAN -5 11:04
TALLAHASSEE
SECRETARY OF STATE

DOB 1/05/95
034,630
w95-257
1-6-95



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

January 5, 1995

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS ST.
TALLAHASSEE, FL 32301

SUBJECT: MARIA C. IPARRAGUIRRE, M.D., P.A.
Ref. Number: W9500000257

We have received your document for MARIA C. IPARRAGUIRRE, M.D., P.A. and the authorization to debit your account in the amount of \$131.25. However, the document has not been filed and is being returned for the following:

According to section 607.0202(1)(b) or 617.0202(1)(b), Florida Statutes, you must list the corporation's principal office, and if different, a mailing address in the document. If the principal address and the registered office address are the same, please indicate so in your document.

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

Please return 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 (904) 487-6929.

Brendolyn Bruton
Corporate Specialist

Letter Number: 095A00000428

ARTICLES OF INCORPORATION
OF
MARIA C. IPARRAGUIRRE, M.D., P.A.

FILED

95 JAN -5 11 9 54

SECRETARY OF
TALLAHASSEE, FLORIDA

The name of the Corporation is: MARIA C. IPARRAGUIRRE, M.D., P.A.

ARTICLE I

The maximum number of shares of capital stock that the Corporation is authorized to issue is ONE HUNDRED (100) shares, at \$1.00 par value each share.

ARTICLE II

The Corporation shall have perpetual existence unless sooner dissolved according to law.

ARTICLE III

The name and street address of the Incorporator(s) signing these Articles of Incorporation is (are):

NAME

ADDRESS

MARIA C. IPARRAGUIRRE 5704 Riviera Drive
Coral Gables, Florida 33146

ARTICLE IV

The principal office of the Corporation is: 5704 Riviera Drive, Coral Gables, Florida 33146. ARTICLE V

The purpose shall be as a professional medical association.

ARTICLE VI

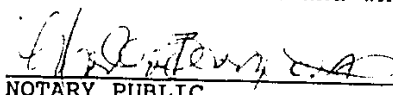
The street address of the initial registered agent of the Corporation is: 5704 Riviera Drive, Coral Gables, Florida 33146 and the name of the initial registered agent of the Corporation is: MARIA C. IPARRAGUIRRE.

IN WITNESS WHEREOF, these Articles of Incorporation have been executed this 3rd day of January, 1995.

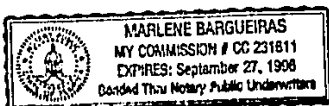

MARIA C. IPARRAGUIRRE

STATE OF FLORIDA)
) SS:
COUNTY OF DADE)

The foregoing Articles of Incorporation was acknowledged before me this 3rd day of January, 1995 by MARIA C. IPARRAGUIRRE, has produced a Florida Driver's License as identification and who did take an oath.


NOTARY PUBLIC

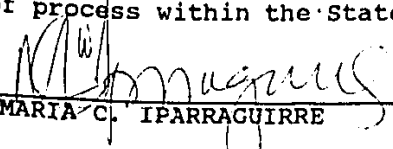
My Commission Expires:



CERTIFICATE DESIGNATING PLACE OF BUSINESS
OR DOMICILE FOR THE SERVICE OF PROCESS
WITHIN FLORIDA, NAMING AGENT UPON WHOM
PROCESS MAY BE SERVED

IN COMPLIANCE with Section 48.091, Florida Statutes, the following is submitted:

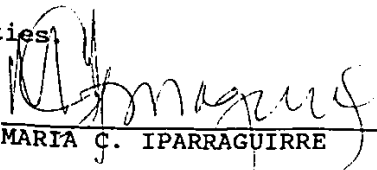
FIRST: That MARIA C. IPARRAGUIRRE, M.D., P.A. desiring to organize or qualify under the laws of the State of Florida, has named MARIA C. IPARRAGUIRRE, with its registered agent's office located at 5704 Riviera Drive, Coral Gables, Florida 33146, County of Dade, State of Florida to accept service of process within the State of Florida.



MARIA C. IPARRAGUIRRE

January 3rd, 1995

HAVING BEEN named to accept service of process for the above stated Corporation, at the place designated in this Certificate, the undersigned HEREBY AGREES to act in said capacity, and FURTHER AGREES to comply with the provisions of all statutes relative to the proper and complete performance of its duties.



MARIA C. IPARRAGUIRRE

January 3rd, 1995

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 OCT 10 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000001367**

1 Corporation Name

MARIA C. IPARRAGUIRRE, M.D., P.A.

Principal Place of Business

5704 RIVIERA DR.
CORAL GABLES FL 33146

Mailing Address

5704 RIVIERA DR.
CORAL GABLES FL 33146

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/05/1995

5. FEI Number

65-0549660

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

SA

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| 6/7 | MARIA C. IPARRAGUIRRE | 5704 RIVIERA DRIVE | Coral Gables, FL 33146 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

0000001981010-0
-10/21/96--01028--003
****375.00 ****375.00

JB 10-17-96

8. Name and Address of Current Registered Agent

IPARRAGUIRRE, MARIA C
5704 RIVIERA DR.
CORAL GABLES FL 33146

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number's Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/6/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]
SIGNATURE AND DATED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

10/6/96

(305) 598-5917