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(((H95000001331))) PUBLIC ACCESS SYSTEM
ELECTRONIC FILING COVER SHEET
TO: DIVISION OF CORPORATIONS FROM: EMPIRE CORPORATE KIT COMPANY
DEPARTMENT OF STATE 1492 W FLAGLER ST
STATE OF FLORIDA SUITE 200
409 EAST GAINES STREET MIAMI FL 33135- 3302-00002
TALLAHASSEE, FL 32399 CONTACT: RAY STORMONT
FAX: (904) 922-4000 PHONE: (305) 541-3694
FAX: (305) 541-3770

(((H95000001331))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: ANTONETTI CLINICAL CENTER, INC.
FAX AUDIT NUMBER: H95000001331 CURRENT STATUS: REQUESTED
DATE REQUESTED: 02/01/1995 TIME REQUESTED: 16:38:48
CERTIFIED COPIES: 1 CERTIFICATE OF STATUS: 0
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TALLAHASSEE, FLORIDA

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02/02/95

(7)

**ARTICLES OF INCORPORATION
OF
ANTONETH CLINICAL CENTER, INC.**

The undersigned subscriber(s) of these Articles of Incorporation, each natural person competent to contract, heroby associate themselves to form a corporation under the laws of the State of Florida.

**ARTICLE I
NAME**

The name of this corporation is:

ANTONETH CLINICAL CENTER, INC.

**ARTICLE II.
NATURE OF BUSINESS**

The general nature of the business and the objects and purposes is for the purpose of establishing a medical office.

And, in general, to carry on any other business whatsoever in connection with the foregoing or which is calculated, directly or indirectly, to promote the interest of the corporation or to enhance the value of its properties.

And, further, to borrow or raise money for any purpose of the company, and to secure the same at such rates of interest as the Corporation may determine, or for other purposes, to mortgage all or any part of the property corporeal or incorporeal, rights or franchise of this company now owned or hereinafter acquired, and to create, issue, draw and accept and negotiate bonds and mortgages, bills of exchange,

Julio M. Gomez, esq.
1835 W. FLAGLER ST. # 201
MIAMI, FL 33135
(305) 541-1800
Fl. Bar No. 218790

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TALLAHASSEE, FLORIDA

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promissory notes or other obligations or negotiable instruments.

ARTICLE III
CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any time is:

One Hundred (100) shares at One Dollar (\$1.00) per value.

ARTICLE IV

The amount of stated capital with which this corporation will begin business is not less than:

FIVE HUNDRED (\$500.00) DOLLARS

ARTICLE V
TERM OF EXISTENCE

This Corporation shall have perpetual existence.

ARTICLE VI
ADDRESS

The initial post office address of the principal office of this corporation on the State of Florida is:

3695 N.W. 1st Street
Miami, Florida

The Board of Directors may from time to time move the principal office to any other address in the State of Florida and establish branches and subsidiaries in any

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place within and without the United States.

ARTICLE VII
DIRECTOR(S)

The number of Directors maybe increased or diminished from time to time by the laws adopted by the stockholders, but shall never be less than one (1).

ARTICLE VIII
INITIAL BOARD OF DIRECTORS

The name and post office address of the member of the first Board of Directors, who subject to the provisions of the Certificate of Incorporation, the By-laws and the Corporation law of the State of Florida, shall hold office for the first year of the corporation's existence, or until his/their successors are elected and have qualified, are:

ISELA M. AUDIVERT	President
ARISTIDES BERENGUER	Treasurer
ALEXIS BERENGUER	Vice-President
PATRICIA BERENGUER	Secretary

ARTICLE IX
SUBSCRIBERS

The name(s) and post office address(es) of each subscriber of these Articles of Incorporation:

NAME	ADDRESS
ISELA M. AUDIVERT (25 Shares)	3695 N.W. 1st Street Miami, Florida

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ARISTIDES BERENGUER
(25 Shares)

3695 N.W. 1st Street
Miami, Florida

ALEXIS BERENGUER
(25 Shares)

3695 N.W. 1st Street
Miami, Florida

PATRICIA BERENGUER
(25 Shares)

3695 N.W. 1st Street
Miami, Florida

ARTICLE X **AMENDMENT**

These Articles of Incorporation may be amended in the manner provided by law. Every Amendment shall be approved by the Board of Director(s), proposed by them to the Stockholders, and approved at a Shareholder's meeting by majority of the shares entitled to vote hereon.

ARTICLE XI **DESIGNATION OF REGISTERED RESIDENT AGENT**

That, PATRICIA BERENGUER, located at 3695 N.W. 1st Street, City of Miami, State of Florida, is hereby named registered resident agent for this corporation to be its agent and to accept service of process within the State of Florida at this registered office.

ARTICLE XII **PRE-EMPTIVE RIGHTS**

Any Shareholder or the corporation desiring to sell his/her shares in the corporation, shall first offer those shares to the other Shareholders upon the same

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terms and conditions as the shares are being offered to Non-Shareholders. Any other Shareholders wishing to purchase the offered shares, shall exercise their right of first refusal within thirty (30) days of receipt of a written offer to sell. Thereafter, the selling Shareholder shall be free to sell his shares to any Non-Shareholder upon the same terms and conditions as were offered to the remaining Shareholders.

WE, THE UNDERSIGNED, being the only original subscribers hereinabove named for the purpose of forming a corporation for profit to do business both within and without the State of Florida, do hereby make, subscribe, acknowledge and file this Certificate, hereby declaring and certifying that the facts herein stated are true, and accordingly have hereunto set our hands and seals this 3 day of JANUARY, 1995.


 ISELA M. AUDIVERT


 ARISTIDES BERENGUER


 ALEXIS BERENGUER


 PATRICIA BERENGUER

ACKNOWLEDGEMENT

Having been named to accept service of process for ANTONETTI CLINICAL

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CENTER, INC., in the place designated in this Article, I hereby accept to act in this capacity and agree to comply with the provisions of said act relative to keeping open said office.

Patricia Berenguer
 Registered Resident Agent
 PATRICIA BERENGUER

STATE OF FLORIDA

COUNTY OF DADE

I HEREBY CERTIFY, that on this day before me, a Notary Public, duly authorized to administer oaths and take acknowledgements, personally appear: ISELA M. AUDIVERT, ARISTIDES BERENGUER, ALEXIS BERENGUER and PATRICIA BERENGUER, who produced the following Identification P.D. License or are by me personally known to be the person(s) described as subscriber(s) and who executed the foregoing Articles of Incorporation, and acknowledged before me that they subscribed to those Articles of Incorporation.

WITNESS, our hand and seal in the County, and State named above, this 31 day of JANUARY, 1995

John J. Boy
 NOTARY PUBLIC, State of Florida

My Commission Expires:

NOTARY OF STATE
 MIAMI, FLORIDA

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APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **P95000008689**

1 Corporation Name

ANTONETTI CLINICAL CENTER, INC.

Principal Place of Business
3695 N.W. 1ST STREET
MIAMI FL

Mailing Address
3695 N.W. 1ST STREET
MIAMI FL

If above addresses are incorrect in any way, line through incorrect information and enter correction below.
2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
City & State
Zip

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
City & State
Zip

APPROVED
AND
FILED
96 OCT 17 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 9600

4. Date Incorporated or Qualified To Do Business in Florida

02/02/1995

5. FEI Number

59-2153756

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	AUDVERT, ISELA M	% 3695 N.W. 1ST STREET	MIAMI FL
TD	BERENGUER, ARISTIDES M	% 3695 N.W. 1ST STREET	MIAMI FL
VD	BERENGUER, ALEXS	% 3695 N.W. 1ST STREET	MIAMI FL
SD	BERENGUER, PATRICIA	% 3695 N.W. 1ST STREET	MIAMI FL

200001985722-4
-10725796-01035-009
****375.00 ****375.00

8. Name and Address of Current Registered Agent

BERENGUER, PATRICIA
3695 N.W. 1ST STREET
MIAMI FL

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is 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 S. 607.0505, F.S.

Signature of Registered Agent

Patricia Berenguer
REGISTERED AGENT MUST SIGN

Date 9-19-96

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

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

Patricia Berenguer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/96 644-1412
Date Daytime Phone #