

PG5000025736

3-28-91 Barbara
#404
Richard Kirschner
Requestor's Name
5901 S.W. 74 Street
Address
South Miami, FL 33143
City State ZIP Phone
661-3623

VALIDATION ONLY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JAN 31 11:24 AM '91

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****122.50 ****122.50

CORPORATION(S) NAME

MEDICAL PARK OF FLORIDA City, Ma.

EMPIRE Toll Free: 1-800-432-3028

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input checked="" type="checkbox"/> NonProfit | <input type="checkbox"/> Foreign | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Change of Register |
| <input type="checkbox"/> Reservation | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem |
| <input type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> After 4:30 | <input type="checkbox"/> Ma | |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

CERTIFIED COPY

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095-696



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

March 29, 1995

EMPIRE

TALLAHASSEE, FL

SUBJECT: MEDICAL PARK OF FLORIDA CITY, INC.
Ref. Number: W95000006896

We have received your document for MEDICAL PARK OF FLORIDA CITY, INC. and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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.

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) 487-6878.

Terri Buckley
Corporate Specialist

Letter Number: 795A00014225

ARTICLES OF INCORPORATION

OF

MEDICAL PARK OF FLORIDA CITY, INC.

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act, do hereby adopt the following Articles of Incorporation:

Article 1. Name. The name of the Corporation is:

MEDICAL PARK OF FLORIDA CITY, INC.

Article 2. Duration. The duration of the Corporation is perpetual.

Article 3. Purpose. The general purpose for which the Corporation is organized are the following:

A. To engage in and transact any lawful business for which corporations may be incorporated under the Florida General Corporation Act. No other purpose limits this general purpose in anyway.

B. To do such other things as are incidental to the purposes of the Corporation or necessary or desirable in order to accomplish them.

Article 4. Capital Stock. The aggregate number of shares which the Corporation is authorized to issue is 1,000 shares of common stock. Such shares shall be of a single class and shall have a par value of \$1.00 per share.

Article 5. Initial Registered and Principal Office. The street address of the initial Registered Agent and Principal Office of the Corporation is, 676 W. Palm Drive, Florida City, Florida 33034, and the name of its initial Registered Agent at that address is IRA S. WELLISCH.

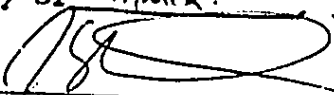
Article 6. Initial Board of Directors. The number of Directors constituting the initial Board of Directors is one (1). The number of Directors may be increased or decreased from time to time in accordance with the Bylaws but shall never be less than one (1). The name and address of each initial Director of the Corporation are as follows:

IRA S. WELLISCH
10000 S.W. 122nd Terrace
Miami, Florida 33176

Article 7. Incorporators. The name and address of each Incorporator is as follows: SAME AS ARTICLE #6.

Article 8. Amendment. The Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation or any amendment to them, and any right conferred upon the Shareholders is subject to this reservation.

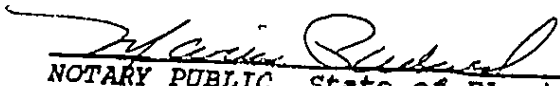
IN WITNESS WHEREOF, the undersigned have signed these Articles of Incorporation on this 25 day of March, 1995.


IRA S. WELLISCH

STATE OF FLORIDA)
COUNTY OF DADE) SS:

Before me personally appeared IRA S. WELLISCH, to be well known and known to me to be the person described in and who executed the foregoing Articles of Incorporation and acknowledged to and before me that he executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal this 25 day of March, 1995.


NOTARY PUBLIC, State of Florida


My commission expires:

MARIA BACKLUND

ACCEPTANCE BY REGISTERED AGENT

The undersigned hereby accepts the appointment as Registered Agent of MEDICAL PARK OF FLORIDA CITY, INC., which is contained in the foregoing Articles of Incorporation.

Dated this 25TH day of MARCH, 1995.


IRA S. WELLISCH

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 NOV -7 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # **P95000025736**

1 Corporation Name

MEDICAL PARK OF FLORIDA CITY, INC.

Principal Place of Business

675 WEST PALM DRIVE
FLORIDA CITY FL 33034

Mailing Address

675 WEST PALM DRIVE
FLORIDA CITY FL 33034

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

2. Now Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. Now Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/31/1995

5. FEI Number

05-0569939

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

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
D	WELLISCH, IRA S	10000 SW 122ND TERRACE	MIAMI FL 33178

400002003964-6
-11/14/96--01009--003
****383.75 ****383.75

[Signature]

8. Name and Address of Current Registered Agent

WELLISCH, IRA S
675 WEST PALM DRIVE
FLORIDA CITY FL 33034

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 Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/31/96

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]

10/31/96

305 254-8875