

P950000 54259

7/12/95

Richard Kirschner

Requestor's Name

5901 SW 74 St. #404

Address

miami, FL 33143

City

State

ZIP

Phone

661-3633

VALIDATION ONLY

RECEIVED
95 JUL 13 AM 11:06
DIVISION OF CORPORATE
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
1995 JUL 17 PM 12:09
FILED

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****122.50 ****122.50

CORPORATION(S) NAME

PHYSICIAN OFFICE OF HOMESTEAD, INC.



Toll Free: 1-800-432-3028

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

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

CERTIFIED COPY

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W95-14130



FLORIDA DEPARTMENT OF STATE

July 13, 1995

Sandra B. Mortham
Secretary of State

EMPIRE

TALLAHASSEE, FL. 32301

SUBJECT: PHYSICIAN OFFICE OF HOMESTEAD, INC.
Ref. Number: W95C00014130

We have received your document for PHYSICIAN OFFICE OF HOMESTEAD, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Corporations may file using only the corporate name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

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) 487-6904.

Freida Chesser
Corporate Specialist

Letter Number: 795A00033734

OF

PHYSICIAN OFFICE OF HOMESTEAD, 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:

PHYSICIAN OFFICE OF HOMESTEAD, 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 Office. The street address of the initial Registered Office of the Corporation is,

Physician Office of Homestead, Inc. 235 N.E. 8st, Homestead, Fl. 33030 and the name of its initial Registered Agent at that address is

Eric Gren 6360 Woodlake Rd. Jupiter, Fla. 33458

Article 6. Initial Board of Directors. The number of Directors constituting the initial Board of Directors is 3. 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:

ERIC GREN
235 N.E. 8 St.
Homestead, Fla.
33030

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

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TALLAHASSEE, FLORIDA

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 28th day of April, 1995.

Eric Green

STATE OF FLORIDA)
COUNTY OF DADE) SS:

Before me personally appeared Eric Green, to me 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 28 day of April, 1995.

Maria Rumbaut
NOTARY PUBLIC, State of Florida

My commission expires:

ACCEPTANCE BY REGISTERED AGENT

The undersigned hereby accepts the appointment as Registered Agent of _____, which is contained in the foregoing Articles of Incorporation.

Dated this 28th day of April, 1995.

Eric Green

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Attorney at Law
633 North Krome Avenue
Homestead, Florida 33030
Telephone (305) 246-3900
Facsimile (305) 246-3939

September 12, 1995

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*****35.00 *****35.00

Secretary of State
The Capitol Building
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32309

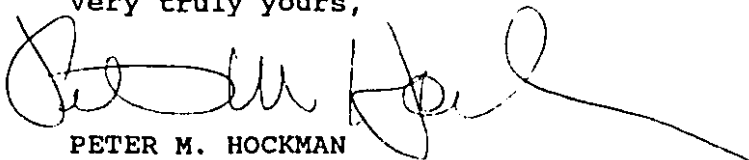
Re: Articles of Amendment to the Articles of Incorporation of
Physician Office of Homestead, Inc.

To whom it may concern:

Relative to the above, please find enclosed herewith the original and one (1) copy of the Articles of Amendment to the Articles of Incorporation and our check in the amount of \$35.00 to the Secretary of State to cover the costs of said amendment. Please return the copy of the Amendment of the Articles of Incorporation directly to our office in the enclosed stamped self-addressed envelope.

Thank you.

Very truly yours,



PETER M. HOCKMAN

PMH/omt
Enclosures

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95 SEP 13 AM 8 55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

N. HENDRICKS SEP 15 1995

ARTICLES OF AMENDMENT TO THE ARTICLES
OF INCORPORATION

OF

PHYSICIAN OFFICE OF HOMESTEAD, INC.

Pursuant to the provisions of Section 607.1005 of the Florida General Corporation Act, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

1. The name of the corporation is PHYSICIAN OFFICE OF HOMESTEAD, INC.

2. The following amendments of the Articles of Incorporation was approved by the incorporators of the Corporation on July 17, 1995 in the manner prescribed by the Florida General Corporation Act:

ARTICLE IV

Article 4 of the Articles of Incorporation of PHYSICIAN OFFICE OF HOMESTEAD, INC. is amended to read as follows:

ARTICLE IV

This corporation is authorized to issue 7500 shares at one dollar (\$1.00) par value common stock, which shall be designated "Common Shares".

3. The sole incorporators of the Corporation, ERIC GREN and IRA S. WELLISCH, authorize the amendment to the Corporation's Articles of Incorporation without shareholder action and shareholder action was not required.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DATED this 17th day of July, 1995.

PHYSICIAN OFFICE OF HOMESTEAD, INC.

By:

ERIC GREN, Incorporator

By:

IRA S. WELLISCH, Incorporator

STATE OF FLORIDA }
COUNTY OF DADE }

I HEREBY CERTIFY that on this day, before me, an officer fully authorized in the State and County aforesaid to take acknowledgment, personally appeared ERIC GREN and IRA S. WELLISCH to me known to be the persons described in and who executed the foregoing instrument, and that they acknowledged before me that they executed same. I relied upon the following form of identification of the above named persons: _____, or that said individuals are personally known to me.

WITNESSED my hand and seal this 17th day of July, 1995.

My Commission Expires:

Oralia M. Torres
Notary Public

