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LAW OFFICES OF

JOHN D. SPEAR

SUNSHINE PROFESSIONAL CENTER

9200 BONITA BEACH ROAD

SUITE 204

P. O. Box 2207

BONITA SPRING, FLORIDA 33959

JOHN D. SPEAR
JAMES E. KERR

July 31, 1995

(941) 947-1102
FAX (941) 947-6066

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

RE: NORMA HENRIQUEZ, M.D., P.A.

Dear Sir or Madam:

Enclosed are two originals of the Articles of Incorporation for the above-named proposed Florida corporation. Also enclosed is our check in the amount of \$122.50 representing payment of the following:

Filing Fee	\$ 35.00
Certified Copy	52.50
Registered Agent Designation	<u>35.00</u>
	\$122.50

Please file the enclosed Articles of Incorporation and return a certified copy to the undersigned.

Thank you for your courtesies in this matter.

Sincerely,

John D. Spear

John D. Spear

JDS/sav

Enclosures

*called 8-2-95
missing page*

800001550878
708/01/95--01082--006
****122.50 ****122.50

Dmc 8/2/95

FILED
SEP 1 1995
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
NORMA HENRIQUEZ, M.D., P.A.
A PROFESSIONAL CORPORATION

FILED
95 AUG -1 PM 2:39
TALLAHASSEE, FLORIDA

THE UNDERSIGNED, being duly licensed to practice medicine in the State of Florida, desires to form a professional corporation in accordance with Chapter 621 of the Florida Statutes and the Florida Professional Service Corporation Act, adopts the following Articles of Incorporation:

ARTICLE I. NAME

The name of the Corporation shall be:

NORMA HENRIQUEZ, M.D., P.A.

ARTICLE II. REGISTERED OFFICE AND AGENT

The location and address of the Corporation's initial registered office in Florida is 9240 Bonita Beach Road, SUITE 2215, Bonita Springs, Lee County, Florida. The initial registered agent at the registered office is NORMA HENRIQUEZ.

ARTICLE III. PURPOSE

The purpose for which the Corporation is organized shall be to engage in the practice of medicine within the State of Florida, and to take all actions that are necessary or proper in connection with that practice.

ARTICLE IV. DURATION

The term of existence of the Corporation is perpetual.

ARTICLE V. PRINCIPAL OFFICE AND MAILING ADDRESS

The principal office of the Corporation shall be located at

the following address:

9240 Bonita Beach Road, suite 2215
Bonita Springs, FL 33923

The mailing address of the Corporation is as follows:

9240 Bonita Beach Road, Suite 2215
Bonita Springs, Fl 33923

ARTICLE VI. PROFESSIONAL SERVICES

The professional services of the Corporation shall be rendered only through officers, employees, and agents who are duly licensed or otherwise legally authorized to practice medicine within the State of Florida. Professional services shall be rendered in each case by the officer, employee, or agent designated solely by this Corporation, acting through its duly elected officers. This provision shall not be applicable to the extent it is in conflict with the law or the professional rules of medical practice.

ARTICLE VII. INCORPORATOR

The name and post office address of the incorporator is:

NORMA HENRIQUEZ
9240 Bonita Beach Road, Suite 2215
Bonita Springs, FL 33923

ARTICLE VIII. DIRECTORS

The Board of Directors shall consist of one (1) member. The name and address of the first Director is:

NORMA HENRIQUEZ
9240 Bonita Beach Road, Suite 2215
Bonita Springs, FL 33923

ARTICLE IX. CAPITAL STOCK

The number of shares of stock that the Corporation is authorized to have outstanding is 7,500, all of which shall be common shares, with a par value of \$1.00.

ARTICLE X. STATED CAPITAL

The amount of capital with which the Corporation shall begin business is \$1,000.00.

ARTICLE XI. AMENDMENT OF ARTICLES

The Corporation reserves the right to amend these Articles of Incorporation at any time in a manner now or subsequently permitted by statute. Any change authorized by the holders of shares entitling them to exercise a majority of the voting power of the Corporation, or any greater number that may then be required by statute, shall be binding and conclusive on every shareholder of the Corporation as fully as if each shareholder had voted for the change. No shareholder, notwithstanding that he or she may have voted against the amendment or may have objected in writing, shall be entitled to payment of the fair cash value of his or her shares or any other rights of a dissenting shareholder.

IN WITNESS WHEREOF, I have signed these Articles of Incorporation on this 31st day of July, 1995.

Norma Henriquez
NORMA HENRIQUEZ - Incorporator

STATE OF FLORIDA

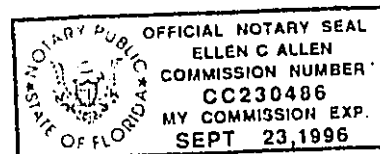
COUNTY OF LEE

THE FOREGOING INSTRUMENT was acknowledged before me this
31st day of July, 1995, by Norma Henriquez, who is
personally known to me or who has produced
DRIVER'S LICENSE as identification and who ~~did~~
(did not) take an oath.

Ellen C. Allen
NOTARY PUBLIC - STATE OF FLORIDA

ELLEN C. ALLEN
[Printed Name]

[Commission Number, if any]



CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICE OF PROCESS WITHIN THIS STATE,
NAMING AGENT UPON WHOM PROCESS SHALL BE SERVED.

FILED
STATE OF FLORIDA
JAN 1 1963

In compliance with Section 48.091, Florida Statutes, the following is submitted:

That NORMA HENRIQUEZ, M.D., P.A., desiring to organize under the laws of the State of Florida, with its principal office, as indicated in the Articles of Incorporation, at Lee County, State of Florida, has named Norma Henriquez as its agent to accept service of process within this State.

ACKNOWLEDGMENT

Having been named to accept service of process for the above-named Corporation, at the place designated in this Certificate, the undersigned agrees to act in this capacity and agrees to comply with the provisions of Florida law relative to keeping the designated office open.

Norma Henriquez
Norma Henriquez - Registered Agent

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

1996 OCT 25 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000060213

1. Corporation Name

NORMA HENRIQUEZ, M.D., P.A.

Principal Place of Business

9240 BONITA BEACH ROAD #2215
BONITA SPRINGS FL 33923

Mailing Address

9240 BONITA BEACH ROAD #2215
BONITA SPRINGS FL 33923



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

4. Date Incorporated or Qualified
To Do Business in Florida

08/01/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0597919

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$0.75 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	HENRIQUEZ, NORMA	9240 BONITA BEACH ROAD #2215	BONITA SPRINGS FL 33923

600001994116--4
-11/01/96--01053--030
***383.75 ***383.75

REINSTATEMENT

8. Name and Address of Current Registered Agent

HENRIQUEZ, NORMA
9240 BONITA BEACH ROAD #2215
BONITA SPRINGS FL 33923

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

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 10-7-96

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Norma Henriquez President

10-7-96

Date

741 947 4403

Daytime Phone #