P9500064301

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Enclos	sed is an original	and one (1) co	py of the articles of incorpora	tion and a check		
for:	\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 \$131. Filing Fee Filing Fe & Certified Copy Certified Copy & Certified Additional Copy Required	25 o, copy aw		
	FROM: RAPHAEL NG, M.D., P.A. Name (printed or typed)					
		16370	U.W. 8TH DRIVE			
	Address PEMBROKE PINES, FLORIDA 330)-8					
City, State & Zip (305) 436-5371						
						Daytime Telophone number
	6,7		50°	200001557772 -08/10/9501077001 *****70.00 *****70.00		
	1195	16169	,			
NC	TE: Please p	rovide the ori	ginal and one copy of the	ie articles.		

RAP-NAEL NG, M.D., P.A.

(Proposed corporate name - must include suffix)



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

August 11, 1995

RAPHAEL NG 16370 N.W. 8TH DR. PEMBROKE PINES, FL 33028

SUBJECT: RAPHAEL NG, M.D., P.A. Ref. Number: W95000016169

We have received your document for RAPHAEL NG, M.D., P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

YOU SHOULD REFERENCE CHAPTER 621 F.S. FOR FILING A PROFESSIONAL ASSOCIATION.

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) 487-6931.

Steven Godfrey Corporate Specialist

Letter Number: 395A00037681

ARTICLES OF INCORPORATION

PROFESSIONAL

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

KAPHAEL NG. M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

16370 N.W. 8TH DRIVE PEMBLOKE PINES, FLORIDA 33078 55 AUS 21 ///10 12

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

RAPHAEL NG. M.D.

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(, to these Articles of Incorporation is(are):

RAPHAEL NG, M.D. 16370 N.W. 8TH Drive PEMBLOKE PINES, FLORINA 330,28

ARTICLE VI PURPOSE

THE PULPOSE OF THIS COLPOLATION IS TO RENDER MEDICAL SERVICES.

ine undersi	gnea inco	rporator(s) has(have)	executed these	Articles of Incorpo	ration this
8774 di	ay of	AUGUST	, 19 9	<u>5</u> .	•
		Rapheuls	y m		
		·	Signature		

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	RAPHAEL NG. M.D., P.A.		
2. The name and address of the regist	ered agent and office is:		
RAPHAE	(NAME)		
	N.W. STH DRIVE OF Mail Drop Box NOT ACCEPTABLE)		
PEMBROKE	FINES, FLORIDA 33028 (CITY/STATE/ZIP)		

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Raphainsm 8/8/95 EL SS E

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314

P95000064301

FEBRUARY 26, 1997

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL. 32314

\$ 0.10,0 10,4 2,4 2,0 0.2 75,4 ---- 5,4 -0.3721747--01105--00.0 +++++,35,00 -++++,35,00

RE: ARTICLES OF DISSOLUTION OF RAPHAEL NG, M.D., P.A. Corporate Charles No. アタ5 000064301

Dear Sir/Madam,

Enclosed please find an original and one copy of the Articles of Dissolution for Raphael Ng, M.D.,P.A. Also, enclosed is a check in the amount of \$35.00, the statutory fee for filing these Articles of Dissolution. After they have been filed with your office, please return a stamped copy of the Articles to me with the Certificate of Dissolution.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

341 Monika Place
St. Augustine, FI 32086

aphouben

(904) 471-4559

STHIN 21 MIII: 15 STHIN 21 MIII: 15 STEERING FLOWING

Voldis

FLORIDA ARTICLES OF DISSOLUTION FOR RAPHAEL NG, M.D., P.A.

97 MAR 21 AH 11: 45

SECRETARY OF STATE
ALL AMASSEE FLORIDA

Pursuant to Section 607.1403 of the Florida Business Corporation Act of Florida, the undersigned Corporation adopts these Articles of Dissolution.

ARTICLE ONE

NAME

The name of the Corporation is Raphael NG, M.D., P.A.

ARTICLE TWO

DISSOLUTION AUTHORIZED

Dissolution of the Corporation was authorized on February 26, 1997

ARTICLE THREE

SHAREHOLDER APPROVAL

The number of votes cast by the shareholders for dissolution was sufficient for approval in that 100 percent of the issued and outstanding stock was voted in favor of the said dissolution.

Dated this ______ day of March, 1197.

RAPHAEL NG, M.D., P.A.

Kaphachyn - Raphachyg, President

STATE OF FLORIDA COUNTY OF DADE

Raphael Ng, President of Raphael Ng, M.D., P.A. on behalf of the Corporation.

SEAL

TONYA S. DIBBLE DUC LAY COMMISSION & CC439881 EVIRES
FEBRUARY 18, 1999
BORCCO THEU TROY FAM BELIEVICE, INC.

FULLY & S. Light david
On Thus IITh day Syman ch 97