

P96000000114

Mario R. Blinder MD, PA.  
5224 NW 94 Doral Place  
Miami, FL  
33178

700001850137  
-11/30/95--01054--007  
\*\*\*\*122.50 \*\*\*\*122.50

November 17, 1995

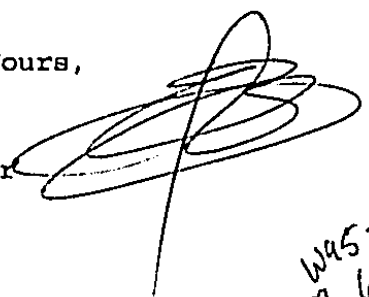
State of Florida  
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Gentlemen,

Enclosed please find the Articles of Incorporation for Mario Blinder MD, PA. and a check in the amount of \$122.50 to cover the filing of these articles.

Very Truly Yours,

Mario Blinder  
Incorporator



WAS-23606  
789,630,634,671

FILED  
95 DEC 20 AM 11:07  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

GB 12/20/95



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

FILED

95 DEC 20 AM 11:07

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

December 4, 1995

MARIO R. BLINDER  
5224 NW 94 DORAL PLACE  
MIAMI, FL 33178

SUBJECT: MARIO R. BLINDER MD, PA.  
Ref. Number: W95000023606

We have received your document for MARIO R. BLINDER MD, PA. and your check(s) totaling \$122.50. 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.

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) 487-6931.

Garrett Blanton  
Document Specialist

Letter Number: 095A00052600

**FILED**

**ARTICLES OF INCORPORATION  
OF  
MARIO R. BLINDER MD, PA.**

**95 DEC 20 AM 11:00**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

The undersigned, acting as incorporator of Mario R. Blinder MD, PA. under the Florida Business Corporation Act, adopts the following articles of incorporation.

**ARTICLE I - NAME**

The name of the corporation is:

Mario R. Blinder MD, PA.

**ARTICLE II - ADDRESS**

The address of the corporation is:

5224 NW 94 Doral Place  
Miami, Fl  
33178

**ARTICLE III - COMMENCEMENT OF EXISTENCE**

The existence of the corporation will commence on the date of filing these articles of incorporation.

**ARTICLE IV - PURPOSE**

The corporation is organized for the purpose of transacting any and all lawful business as a medical doctor specializing in the field of gastroenterology permitted under the laws of the United States and the State of Florida.

#### **ARTICLE V - AUTHORIZED SHARES**

The maximum number of shares that the corporation is authorized to have outstanding at any time is 1000 shares of common stock having a par value of \$1.00 per share.

#### **ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of the corporation is 5224 NW 94 Doral Place Miami, Fl 33178 and the name of the corporation's initial registered agent at that address is Mario Blinder.

#### **ARTICLE VII - INITIAL BOARD OF DIRECTORS**

The corporation shall have one director initially. The number of directors may either be increased or diminished from time to time, as provided in the bylaws, but never be less than one. The name and street address of the initial director are:

NAME:  
Mario Blinder

ADDRESS:  
5224 NW 94 Doral Place  
Miami, Fl  
33178

#### **ARTICLE VIII - INCORPORATOR**

The name and address of the incorporator is:

NAME:  
Mario Blinder

ADDRESS:  
5224 NW 94 Doral Place  
Miami, Fl  
33178

#### **ARTICLE IX - BYLAWS**

The power to adopt, alter, amend or repeal bylaws shall be vested in the board of directors and the shareholders, except that the board of directors may not amend or repeal any bylaw adopted by the shareholders which specifically provides that the bylaw is not subject to amendment or repeal by the directors.

**ARTICLE X - AMENDMENTS**

The corporation reserves the right to amend, alter, change, or repeal any provision in these articles of incorporation in the manner described by law, and all rights conferred on shareholders are subject to this reservation.

The undersigned incorporator, for the purpose of forming a corporation under the laws of the State of Florida, has executed these articles of incorporation the 17<sup>th</sup> day of November 1995.



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Marfo Blinder  
Incorporator

FILED

95 DEC 20 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

STATE OF FLORIDA     )  
                              )     SS:  
COUNTY OF DADE        )

Before me, a notary public authorized to take acknowledgement in the state and county set forth above, personally appeared Mario Blinder known to me and known by me to be the person who executed the foregoing articles of incorporation, and he/she acknowledged before me that he/she executed the articles of incorporation.

In witness whereof, I have hereunto set my hand and seal in the state and county aforesaid this 17<sup>th</sup> day of November 1995.



OFFICIAL SEAL  
Julia Mercedes Ospina  
My Commission Expires  
April 19, 1996  
Comm. No. CC 194379

Julia Mercedes Ospina  
Notary Public

ACKNOWLEDGMENT:

Having been named to accept service of process for the corporation named above, at the place designated in this certificate, I agree to act in that capacity, to comply with the provisions of the Florida Business Corporation Act, and am familiar with and accept the obligations of that position.

  
\_\_\_\_\_  
Mario Blinder

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

P96 000000114

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT #**

Mario Blinder MD PA  
747 Ponce de Leon Blvd #305  
Coral Gables, FL 33134

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

City and State

3. If Principal Office Address is different from mailing address, enter address below:

**REINSTATEMENT** 1996  
City and State

FILED  
96 NOV 27 PM 2  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

mw8 11-27-96

4. Date Incorporated or Qualified To Do Business in Florida

12/20/95

5. FEI Number

65-0625955

FEI Number Applied For

FEI Number Not Applicable

6. \$8.75 ADDITIONAL FEE

CERTIFICATE OF STATUS DESIRED ☐

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
Pres	Mario Blinder	5724 NW 94 Dorol Pl	Miami, FL 33178

500002019195--8  
-12/04/96--01042--017  
\*\*\*\*375.00 \*\*\*\*375.00

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Mario Blinder  
5724 NW 94 Dorol Place  
Miami, FL 33178

9. If changed, new registered agent / office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City

State

Zip

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date Nov. 22, 1996

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

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., and that all fees owed by the corporation have been paid. 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 of Officer or Director

*[Signature]*

Date 11/22/96

Daytime Phone # 305 447 9565

Typed or printed name of signing officer or director