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SEC. OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 0721000000032

REFERENCE : 905065 8562A

AUTHORIZATION :

COST LIMIT :

Patricia Byrds

ORDER DATE : April 29, 1996

ORDER TIME : 3:48 PM

ORDER NO. : 905065

1000018005081

CUSTOMER NO: 8562A

CUSTOMER: Scott Weingarden, Esq
MARK RICHARD, ESQ

304 Palermo Avenue

Coral Gables, FL 33134

W96-4/27/96

(13)

DOMESTIC FILING

NAME: WILFREDO GONZALEZ, M.D., P.A.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Michelle Bailey

EXAMINER'S INITIALS:

24
5A-96



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 6, 1996

CSC NETWORKS
1201 HAYS STREET
TALLAHASSEE, FL 32301

SUBJECT: WILFREDO GONZALEZ, M.D., P.A.
Ref. Number: W96000009578

RESUBMIT
Please give original
submission date as file date.

We have received your document for WILFREDO GONZALEZ, M.D., P.A. and the authorization to debit your account in the amount of \$70.00. However, the document has not been filed and is being returned for the following:

The specific nature of business of the professional association must be stated in the 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) 487-6927.

Kathy Hyman
Document Specialist

Letter Number: 796A00021920

ARTICLES OF INCORPORATION
OF
WILFREDO GONZALEZ, M.D., P.A.

FILED
96 MAY -2 AM 9 08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator hereby forms a corporation under Chapter 621 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

WILFREDO GONZALEZ, M.D., P.A.

The address of the principal office of this corporation shall be 9763 Northwest 41st Street, Miami, Florida 33178 and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage in every aspect of the business of rendering the same professional services to the public that a Medical Doctor duly licensed under the laws of the State of Florida, is authorized to render. This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares of common stock having \$.01 par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 304 Palermo Avenue, Coral Gables, Florida 33134, and the name of the initial registered agent of the corporation at that address is Mark Richard.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation:

Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301

IN WITNESS WHEREOF, the undersigned agent of
Corporation Service Company, has herunto set their hand
and seal of Corporation Service Company on May 7, 1996.

CORPORATION SERVICE COMPANY

By: Deborah D. Skipper
It's Agent, Deborah D. Skipper

LRD/meb

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 807.0501 or 617.0501, 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: Wilfredo Gonzalez, M.D., P.A.

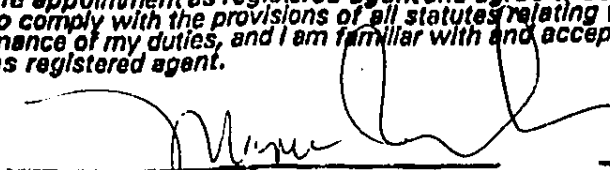
2. The name and address of the registered agent and office is:

Mark Richard
(Name)

304 Palermo Ave.
(P.O. Box not acceptable)

Coral Gables, Fl. 33134
(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.


(Signature)

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