



**ARTICLES OF INCORPORATION**

9 JUL 21  
MILLANASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation:

**ARTICLE ~ I-a:**

**NAME:**

The name of the corporation (Professional Association) shall be:

**Juan Carlos Rodriguez, M.D., P.A.**

**ARTICLE ~ I-b:**

**PORPOUSE OF BUSINESS:**

The purpose of the business shall be:

**The practice of Medicine, in general, and Psychiatry, in particular**

**ARTICLE ~ II:**

**PRINCIPAL OFFICE:**

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

**2955 Southwest 8<sup>th</sup> Street, Suite 201  
Miami, Florida 33135  
Telephone: (305) 649-0708**

**ARTICLE ~ III:**

**SHARES:**

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

**One Share**

*Juan Carlos Rodriguez, M.D., P.A.*

**ARTICLE ~ IV:**  
**INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and street address of the *Initial Registered Agent* is:

**Juan Carlos Rodriguez, M.D.**  
**2955 S.W. 8<sup>th</sup> Street, Suite 201**  
**Miami, Florida 33135**  
**Telephone: (305) 649-0708**

**ARTICLE ~ V:**  
**INCORPORATOR AND DIRECTOR:**

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

**Juan Carlos Rodriguez, M.D.**

**Business Address:**  
**2955 S.W. 8<sup>th</sup> Street, Suite 201**  
**Miami, Florida 33135**

**Home Address:**  
**17 S.W. 136<sup>th</sup> Place**  
**Miami, Florida 33184**

**Juan Carlos Rodriguez, M.D.**, the incorporator, affirms that he is a duly licensed physician in the State of Florida, under the provisions of Chapter 458, Florida Statutes, and holds a valid License Registration number ME0060410, issued by the Florida Department of Business and Professional Regulations, Board of Medicine (See Addenda A and B)

The undersigned incorporator, Juan Carlos Rodriguez, M.D., has executed these *Articles of Incorporation* this 8<sup>th</sup> day of May, 1996.

  
Signature

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

Pursuant to the provisions of sections 607.0501 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: Juan Carlos Rodriguez, M.D., P.A.
2. The name and address of the registered agent and office is:

Juan Carlos Rodriguez, M.D.  
2955 S.W. 8<sup>th</sup> Street, Suite 201  
Miami, Florida 33136

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: \_\_\_\_\_

Date: 08-May-96

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MAY 10 1996  
TALLAHASSEE, FLORIDA

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