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EMPIRE CORPORATE KIT

P.01/15

10/03/96

FLORIDA DIVISION OF CORPORATIONS
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FROM: EMPIRE CORPORATE KIT COMPANY

ACCT#: 072450003255

CONTACT: RAY STORMONT

PHONE: (305)541-3694

FAX #: (305)541-3770

NAME: SHARON A. RODRIGUEZ, M.D., P.A.

AUDIT NUMBER.....H96000013917

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

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PAGES..... 5

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EMPIRE CORPORATE KIT

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ARTICLES OF INCORPORATION
OF
SHARON A. RODRIGUEZ M.D., P.A.

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TALLAHASSEE, FLORIDA

ARTICLE I- CORPORATE NAME

The name of this Corporation is: SHARON A. RODRIGUEZ M.D.,

ARTICLE II- NATURE OF BUSINESS AND POWERS

This Corporation is organized for the following purposes:

- a. To engage in medical practice as a professional medical corporation and to carry on services incident thereto. The practice of medicine is the sole and exclusive professional service to be rendered by this corporation.
- b. To own property, enter into contracts, and to carry on any business necessary or incidental to the accomplishment or furtherance of the purposes or objects of this corporation.
- c. The professional services of this corporation shall be carried out only through officers, agents, each of whom is duly authorized to practice medicine in the State of Florida.

ARTICLE III.- CAPITAL STOCK

The maximum number of shares of stock that this Corporation is authorized to issue and have outstanding at any one time is (1,000) shares of common stock having a per value of \$1.00) per share.

ARTICLE IV.- RESTRICTION ON ISSUANCE OF STOCK

No capital stock of the corporation shall be issued to anyone other than an individual who is duly licensed or otherwise legally authorized to render the professional services for which the corporation was incorporated.

PEDRO A. PUIG, ESQ.
2250 SW 3rd Ave. # 201
Miami, FL 33129
(305) 854-5965
FBN. 232246

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ARTICLE V. TERMS OF EXISTENCE

This Corporation shall have perpetual existence commencing upon the filing of these articles.

ARTICLE V- REGISTERED AGENT AND PRINCIPAL OFFICE

The Registered Agent and the street address of the initial Registered Office of this corporation in the State of Florida shall be: Sharon A. Rodriguez, M.D. 1150 Campo Sano Avenue, Suite 410, Coral Gables, Fl. 33146. The address of the principal office of this corporation shall be 1150 Campo Sano Avenue, Suite 410, Coral Gables, Florida, 33146. The Board of Directors from time to time may move the Registered Office to any other address in the State of Florida.

ARTICLE VII- BOARD OF DIRECTORS

This corporation shall have (1) directors(s) initially. The number of directors may be increased or diminished from time to time by the Bylaws adopted by the Stockholders, but shall never be less than one.

ARTICLE VIII- INITIAL DIRECTOR(S)

The name of the initial director(s) of this Corporation and their street addresses are:

<u>NAME</u>	<u>ADDRESS</u>
Sharon A. Rodriguez, M.D.	1150 Campo Sano Avenue, Ste. 410 Coral Gables, Florida, 33146

The persons named as initial director shall hold office for the first year of existence of this Corporation or until their successors are elected or appointed and have qualified, whichever occurs first.

ARTICLE IX- INCORPORATOR

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The name and street address of the person signing these Article of Incorporation as the Incorporator is:

<u>NAME</u>	<u>ADDRESS</u>
Sharon A. Rodriguez, M.D.	1150 Campo Sano Avenue, Ste. 410 Coral Gable, Florida, 33146

ARTICLE X- AMENDMENTS

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders and approved at a stockholder's meeting by at least a majority of the stockholders entitled to vote, unless all of the directors and all of the stockholders sign a written statement manifesting their intention that a certain amendment of these Articles of Incorporation be made.

IN WITNESS WHEREOF, the undersigned, as Incorporator(s), have executed the foregoing Article of Incorporation on this 3rd day of October 1996.

Sharon Rodriguez
INCORPORATOR

ACKNOWLEDGEMENT OF REGISTERED AGENT

Having been named to accept service of process for the above stated corporation, at place designated in this Certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

Sharon Rodriguez
REGISTERED AGENT

STATE OF FLORIDA)
)
COUNTY OF DADE)

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BEFORE ME, the undersigned authority, duly authorized to

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administer oaths, personally appeared, Sharon A. Rodriguez, M.D. the person described as Incorporator and who executed the foregoing Articles of Incorporation, and acknowledged before me that she subscribed to these Articles of Incorporation, on this 3rd day of ~~September~~ ^{OCTOBER} 1996, and showed as identification FLORIDA DRIVER'S LICENSE


 NOTARY PUBLIC AT LARGE
 STATE OF FLORIDA

MY COMMISSION EXPIRES:



PEDRO A PUGA
 My Commission OC313895
 Expires Sep. 08, 1997
 Bonded by HAI
 400-422-1866

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 96 OCT -3 - AM 9:22
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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