

P96000099824

Requestor's Name

Address

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Elvira Terrys Medical Office, Inc.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

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-12/09/96--01035--015  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

FILED  
96 DEC -9 AM 9:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

*See 12/11*

ARTICLES OF INCORPORATION  
OF  
ELVIRA TENRYS MEDICAL OFFICE, INC.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We, the undersigned, all of whom are of legal age, do hereby associate ourselves for the purpose of becoming a corporation under the laws of the State of Florida authorizing the formation of corporations.

ARTICLE I

The name of this corporation shall be:

ELVIRA TENRYS MEDICAL OFFICE, INC

ARTICLE II

The purpose is to engage in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE III

It shall have the authority to issue 100 shares of stock, all of one class, with \$1.00 par value.

ARTICLE IV

The corporation shall begin with \$100.00 capital.

ARTICLE V

The period of its duration is perpetual.

ARTICLE VI

The address of its principal office is:  
8556 SW 8TH STREET  
MIAMI, FL. 33144

## ARTICLE VII

The number of directors constituting its initial Board of Directors is whose name(s) and address(es) is(are):

LUIS A IBANEZ 50%  
11750 SW 18TH ST. # 228  
MIAMI, FL. 33175  
PRESIDENT

ELVIRA TENRYS 50%  
12440 S.W. 31ST. STREET  
MIAMI, FL. 33175  
VICE-PRESIDENT

## ARTICLE VIII

The name and address of the subscriber is:

LUIS A IBANEZ  
11750 SW 18TH STREET # 228  
MIAMI, FL. 33175

## ARTICLE IX

Permanent agent and address for the corporation is:

PEREZ BEHAR & ASSOCIATES, INC.  
14730 N.E. 10TH AVE.  
N MIAMI, FL. 33161

## ARTICLE X

Shareholders shall be entitled to preemptive rights.

  
\_\_\_\_\_  
LUIS A IBANEZ

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR  
THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON  
WHOM PROCESS MAY BE SERVED.  
IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE  
FOLLOWING IS SUBMITTED:

FIRST THAT ELVIRA TENRYS MEDICAL OFFICE, INC. DESIRING TO  
ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA,  
WITH ITS PRINCIPAL PLACE OF BUSINESS AT CITY OF MIAMI, STATE  
OF FLORIDA HAS NAMED PEREZ, BEHAR & ASSOCIATES, INC. AS ITS  
AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

Signature

  
LUIS A IBANEZ

Title PRESIDENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE  
STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS  
CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I  
FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES  
RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY  
DUTIES.

Signature

  
RAMON PEREZ

PEREZ, BEHAR & ASSOCIATES, INC.

Date

12/4/96