

P96000101434

TRANSMITTAL LETTER

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

SUBJECT: WEST COAST MEDICAL GROUP, INC.

(Proposed corporate name - must include suffix)

700002017947--2
-12/03/96--01108--002
***122.50 ***122.50

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: RUBEN F. FIGUEREDO-VALLES

Name (printed or typed)

17608 S.W. 81 Court

Address

Miami, Florida 33157

City, State & Zip

(305) 238-5549

Daytime Telephone number

FILED
96 DEC 17 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

789, 706, 615, 671

T. B. REGISTER DEC 6 1996

W96-25553



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

December 6, 1996

RUBEN F FIGUEREDO-VALLES
17608 SW 81 COURT
MIAMI, FL 33157

SUBJECT: WEST COAST MEDICAL GROUP, INC.
Ref. Number: W96000025573

We have received your document for WEST COAST MEDICAL GROUP, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

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) 487-6919.

Beth Register
Corporate Specialist Supervisor

Letter Number: 196A00054713

ARTICLES OF INCORPORATION
OF
WEST COAST MEDICAL GROUP, INC.

FILED
96 DEC 17 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE UNDERSIGNED SUBSCRIBER to these Articles of Incorporation,
a natural person competent to contract, hereby forms a corporation
under the laws of the State of Florida.

ARTICLE I
(NAME)

The name of this Corporation is: WEST COAST MEDICAL GROUP,
INC.

ARTICLE II
(NATURE OF BUSINESS)

This corporation is organized for the purpose of transacting
any or all business permitted under the Laws of the United States
of America and the Laws of the State of Florida.

- A. Provide Professional Medical Services.
- B. Provide Professional Diagnostic Services.
- C. Provide Professional Chiropractic Services.
- D. Provide Physical Rehabilitation and Therapy.

ARTICLE III
(CAPITAL STOCK)

The maximum number of shares of stock that this company is
authorized to have outstanding at any time is One Hundred (100.00)
shares of One Dollar (1.00) par value, the consideration to be paid
for each share shall be One Dollar or other valuable consideration.

ARTICLE IV
(INITIAL CAPITAL)

The amount of capital with which this Corporation will begin
business is not less than ONE THOUSAND DOLLARS AND NO CENTS
(\$1,000.00).

ARTICLE V

This Corporation is to exist perpetually.

ARTICLE VI

The initial address of the registered agent of this corporation is: 17608 S.W. 81 Court, Miami, Florida 33157. and the name of the initial registered agent of this Corporation is Ruben F. Figueredo-Valles. The address of the corporation is 8793 Tamiami Trail East, Suite 107, Naples, Florida 34103.

ARTICLE VII

This Corporation shall have at least one (1) director. The number of directors may be increased or diminished from time to time, by laws adopted by the stockholders.

ARTICLE VIII

The name and address of the members of the first Board of Directors is:

<u>NAME</u>	<u>ADDRESS</u>
Ruben F. Figueredo-Valles President and Director	17608 S.W. 81 Court Miami, FL 33157

ARTICLE IX
(SUBSCRIBERS)

The name and address of the subscriber of these Articles of Incorporation is:

<u>NAME</u>	<u>ADDRESS</u>
Ruben F. Figueredo-Valles	17608 S.W. 81 Court Miami, FL 33157

ARTICLE X
(AMENDMENT)

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 entitled to vote thereon, unless all the directors and all the stockholders sign a written statement manifesting their intention that a certain amendment of these articles of incorporation be made.

IN WITNESS WHEREOF, the subscribing incorporator has hereto set his hands and seals, and caused these Articles of Incorporation to be executed this 26th day of November, 1996.


Ruben F. Figueredo-Valles

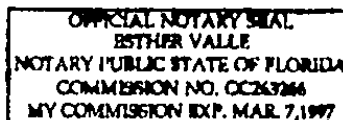
STATE OF FLORIDA)
) SS
COUNTY OF DADE)

BEFORE ME, the undersigned authority, this 26th day of November, 1996, personally appeared Ruben F. Figueredo-Valles, known to me to be the person who executed the foregoing Articles of Incorporation of WEST COAST MEDICAL GROUP, INC., and acknowledged before me that he executed the same for the purposes herein expressed, and who is personally known to me or who has produced _____ as identification, and did not take an oath.

WITNESS my hand and official seal at Miami, Dade County, Florida this 26th day of November, 1996.


NOTARY PUBLIC

My Commission Expires:



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The street address of the initial registered office of the corporation shall be: 17608 Southwest 81st Court, Miami, Florida 33176, telephone number (305) 238-5549 and the name of the initial Registered Agent at such address is:

I DO HEREBY ACCEPT THE POSITION OF REGISTERED AGENT:

AFFIDAVIT

On this 12th day of December, 1996, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, personally appeared RUBEN F. FIGUEREDO-VALLES, known to me to be the persons whose name is subscribed to the within instrument, identifying himself by drivers license number F263-726-55-190 and acknowledged that he executed the same for the purposes therein expressed.

IN WITNESS WHEREOF, I hereunto set my hand and official seal
at Miami, Dade County, Florida.

**NOTARY PUBLIC, State of Florida
at Large**

My Commission Expires:

