

P. A. SP 483/1355

Requester Name
 890 .W. 87 TENC, Suite: 16
Address
 MIAMI, FLORIDA 33174 (305)552-5973
City/State/Zip Phone #
 LOCAL REPRESENTATIVE TALLAHASSEE

100002132371--1
 -04/03/97--01034--009
 ****122.50 ****122.50
 Office Use Only

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

1. LUCILA RODRIGEZ M.D.P.A.
 (Corporation Name) (Document #)
2. _____
 (Corporation Name) (Document #)
3. _____
 (Corporation Name) (Document #)
4. _____
 (Corporation Name) (Document #)

FILED
 97 APR 7 PM 4:22
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

- ☒ Walk in ☒ Pick up time 2.00 ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" 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

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

P.A. SP 483/1355
497-7767

RECEIVED
 97 APR -3 AM 10:40
 DIVISION OF CORPORATION

Examiner's Initials	
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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 3, 1997

LAZARUS

MIAMI, FL

SUBJECT: LUCILA RODRIGEZ M.D.P.A.
Ref. Number: W97000007767

Your reinstatement was filed under the current name on file with our office. If you wish to amend your name, please contact the amendment section at (904) 487-6050.

The specific nature of business of the professional association must be stated in the document.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loria Poole
Corporate Specialist

Letter Number: 297A00016822

RECEIVED
97 APR -7 PM 3:59
DIVISION OF CORPORATIONS

FILED
97 APR -7 PM 4:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1

CERTIFICATE OF CORPORATION

OF:

LUCILA RODRIGUEZ M.D. , P.A.

I (We) the undersigned, do hereby associate ourselves together and subscribe this Certificate of Incorporation for the purpose of forming a corporation under the laws of the State of Florida, and subject to the following provisions.

*******ARTICLE ONE*******

The name of the corporation shall be:

LUCILA RODRIGUEZ M.D. , P.A.

*******ARTICLE TWO*******

The corporation may engage in any activity or business permitted under the Laws of the United States of America and of the state of Florida. The specific nature of business is GENERAL MEDICAL PRACTICE.

*******ARTICLE THREE*******

The maximum number of shares of stocks which the corporation shall have outstanding at any time, shall be **Five Hundred (500)** of stocks which shall be common stocks par value of One (\$1.00) Dollar par share. All or any part of the capital stock may be paid for either in monies of the United States of America, or on services, at a true value thereof.

*******ARTICLE FOUR*******

This Corporation shall begin business with a minimum capital of the amount of **Five Hundred (\$500) Dollars.**

*******ARTICLE FIVE*******

This Corporation shall have perpetual existence.

*****ARTICLE SIX*****

The principal office of the corporation shall be located at:

8150 SW 8TH STREET #202
MIAMI, FL. 33144

Other office for the transaction of business may be located wherever the Directors may deem necessary or expedient.

*****ARTICLE SEVEN*****

The business of the corporation shall be managed by a board of Directors, who need not to be stockholders of the corporation.

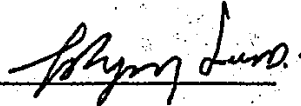
The number of Directors, not less than one, shall be fixed by resolution of the stockholders at any regular or special meeting, subject to manner of holding such meetings prescribed by the bylaws.

*****ARTICLE EIGHT*****

The name and post office addresses of the members of the First Board of Directors and the officers who shall hold office for the first year of existence of the corporation or until their successors are elected or appointed and have qualified, are as follows:

BOARD OF DIRECTORS

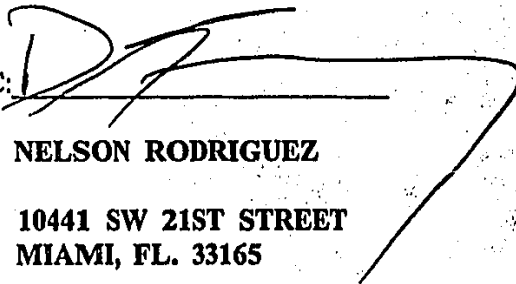
PRESIDENT: _____



NAME: LUCILA RODRIGUEZ

ADDRESS: 10441 SW 21ST STREET
MIAMI, FL. 33165

V. P. & SEC: _____



NAME: NELSON RODRIGUEZ

ADDRESS: 10441 SW 21ST STREET
MIAMI, FL. 33165

*****ARTICLE NINE*****

The name and post office addresses of each of the subscribers to this certificate of Incorporation and the number of shares of stock which each subscriber agrees to take, are as follows:

SUBSCRIBER:

NAME: NELSON RODRIGUEZ

ADDRESS: 10441 SW 21ST STREET.
MIAMI, FL. 33165

NO. OF SHARES: 250

SIGNATURES: 

*****ARTICLE TEN*****

This corporation shall have full power to carry on and transact each of all of the business enumerated in Article Two of the Certificate, and shall have all the general and additional powers now and hereafter conferred upon it by law.

*****ARTICLE ELEVEN*****

This corporation shall have the power to issued the whole or any part determined by the Board of Directors, of the shares of the capital stock as partly paid, subject to calls thereon until thereof shall have been paid.

*******ARTICLE TWELVE*******

Upon election of a Board of Directors by the stockholders, such Board of Directors shall manage the business affairs of this corporation without the necessity of further authority from the stockholders, except as by law on this certificate otherwise provided any action of such Board of Directors may be rescinded, or any officer or director removed from office, only upon a vote of stockholders holding a majority of the stock of the corporation which may at such time be actually issued unless otherwise provided be the by-laws the Board of Directors. All holders of common stock of this corporation shall be entitled to vote the same in the manner provided by law whether said stock be fully or partially paid unless otherwise determined by the Board of Directors at or before the time of issuance thereof.

*******ARTICLE THIRTEEN*******

The corporation does hereby designate to the following address as its registered office:

**ADDRESS: 8150 SW 8TH STREET #202
MIAMI, FL. 33144**

The corporation does hereby designate to the following person as its registered agent:

NAME: LUCILA RODRIGUEZ

STATE OF FLORIDA)

COUNTY OF DADE)

Before me, the undersigned authority, duly authorized to administer oaths and take acknowledgments, personally appeared:

LUCILA RODRIGUEZ & NELSON RODRIGUEZ

who, after being by me first duly sworn, executed the foregoing Certificate of Incorporation, freely and voluntarily for the purpose therein expressed.

In witness whereof, I have hereto set my hand and official seal at Miami, said county and State:



Notary Public, State of Florida at Large

My Commission Expires:

MARIA JUHE
Notary Public, State of Florida
My Comm. expires June 7, 1997
No. CC292734

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: LUCILA RODRIGUEZ M.D., P.A.

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

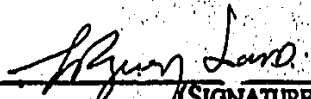
LUCILA RODRIGUEZ
(NAME)

8150 SW 8TH STREET #202
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

MIAMI, FL. 33144
(CITY/STATE/ZIP)

FILED
97 APR -7 PM 4:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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.

x 
(SIGNATURE)

4/1/97
(DATE)