

Department of State Division of Corporation Post Office Box 6327 Tallahassee, Florida 32314

### 000002141590--6 -04/14/97--01018--005 \*\*\*\*\*\*78.75 \*\*\*\*\*78.75

Ref: TOLEDO & FERNANDEZ PROFESSIONAL MEDICAL GROUP, INC.

Dear Sirs:

Enclosed is an original and a copy of the Articles of Incorporation of the above referenced corporation for filling by the Dept. of State. Also enclosed is a check for \$ 78.75 as payment for the following:

Filing Fee & Certificate \$78.75

Please return a certified copy of the Articles of Incorporation to me as soon as they have been filed.

Thank you for your assistance in this matter.

Very truly yours,

Silvia M. Garcia President - Sima Accounting Services, Inc.



BM 4115197

## ARTICLES OF INCORPORATION

## OF

# TOLEDO & FERNANDEZ PROFESSIONAL MEDICAL GROUP, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

## ARTICLE I

The name of this corporation shall be:

**TOLEDO & FERNANDEZ PROFESSIONAL MEDICAL GROUP, INC.** 

#### ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

## ARTICLE III

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 100 shares, having an individual par value of \$1.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

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## ARTICLE IV

The street address of the initial principal office and the name of the Resident Agent of

this Corporation shall be:

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SUSANA FERNANDEZ 6230 S.W. 129 PLACE, SUITE 1210 MIAMI, FL. 33183

## ARTICLE V

The initial Board of Directors shall consist of a total of three (3) persons, and the

name and address of the person who is to serve as initial director is:

PRES. - SUSANA FERNANDEZ 6230 S.W. 129 PLACE, SUITE 1210 MIAMI, FL. 33183 VICE PRES. - EMILIO A. FERNANDEZ 6230 S.W. 129 PLACE, SUITE 1210 MIAMI, FL. 33183

SECRETARY - EMILIO FERNANDEZ 6230 S.W. 129 PLACE, SUITE 1210 MIAMI, FL. 33183

The name and address of the incorporator executing these Articles of Incorporation is: SUSANA FERNANDEZ 6230 S.W. 129 PLACE, SUITE 1210 MIAMI, FL. 33183 IN WITNESS WHEREOF, the undersigned incorporator has(ve) executed these Articles

of Incorporation this 12 H day of APRIL , 19997

STATE OF FLORIDA } } SS. COUNTY OF DADE }

BEFORE ME, a notary public authorized to take acknowledgements in the state of county set forth above, personally appeared known to me and known by me to be the person(s) who executed the foregoing Articles of Incorporation, and he (they) acknowledge before me that he(they) executed those Articles of Incorporation.

IN WITNESS WHEREOF, 1 have hereunto set my hand and affixed my official seal in the state and county aforesaid, this <u>1244</u> day of <u>APRIL</u> 19 <u>97</u>.

NOTARY PUBLIC, STATE OF FLORIDA AT LARGE

My Commission Expires:



### CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections of 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/registed agent, in the State of Florida.

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

SUSANA FERNANDEZ		
(Name)		
6230 S.W. 129 PLACE, SUITE 1210	MIAMI, FLORIDA	33183

(Address/City/State/Zip)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTI-FICATE, 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	Susauato	rand .
DATE	4/12/97	1



(A, A)