

**PROCC 45155**

LOCAL REPRESENTATIVE TALLAHASSEE  
 MIAMI, FLORIDA 33174 (305) 552-5973  
 City/State/Zip Phone #

500002188245--6  
 -05/22/97--01050--024  
 \*\*\*\*\*78.75 \*\*\*\*\*78.75  
 Office Use Only

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

1. NEWMAN MEDICAL GROUP, INC.  
 (Corporation Name) (Document #)
2. \_\_\_\_\_  
 (Corporation Name) (Document #)
3. \_\_\_\_\_  
 (Corporation Name) (Document #)
4. \_\_\_\_\_  
 (Corporation Name) (Document #)

☒ 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

**15/27**

Examiner's Initials 15

## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

NEWMAN MEDICAL GROUP, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3499 WEST 4th Ave, Suite 101  
Hialeah, Florida 33012

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 600 Shares common stock, \$1.00 Par Value

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Manuel Machado  
3499 West 4th Ave, Suite 101  
Hialeah, Florida 33012


**ARTICLE V INCORPORATOR(S)**

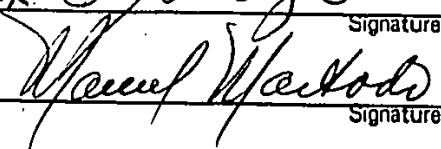
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

	<u>Name</u>	<u>Address</u>	<u>Common Stock</u>
President	Rene Naranjo	1100 West 54th Street Hialeah, Fla 33012	50%
Vice President and Secretary	Manuel Machado	3499 West 4th Ave, Suite 101 Hialeah, Florida 33012	50%

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

16 day of April, 1997.

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Articles of Incorporation**  
**Filing Fee - \$**

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: NEWMAN MEDICAL GROUP, INC.

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

MANUEL MACHADO

(Name)

3499 West 4th Ave, Suite 101

(P.O. Box not acceptable)

Hialeah, Florida 33012

(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 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.*

  
(Signature)

April 16, 1997

(Date)

F11 777  
97 MAY 22 PM 2:41  
TALLAHASSEE, FL 32314