09700050101 TRANSMITTAL LETTER

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

SUBJECT: Max O. Solano M.D. P.A.
(Proposed corporate name - must include suffix)

300002202463--9 -06/05/97--01016--020 *****78.75 *****78.75

Enclosed is an original and one copy of the Articles of Incorporation, a designation of registered agent, and a check for \$78.75. Please return one copy of the Articles stamped with the filing date.

FROM:

Max O. Solano, M.D.

Name (print or type)

3616 Shawnee Shores Dr

Address

Jacksonville, FL 32225

City, State, Zip (904) 745-5680

Area Code and Phone Number (Daytime)

SECRETARY OF STATE SECRETARY OF STATE

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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: Max O. Solano M.D. P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 3616 Shawnee Shores Dr. Jacksonville, FL 32225

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Max O. Solano M.D. 3616 Shawnee Shores Dr. Jacksonville, FL 32225

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Max O. Solano, M.D. 3616 Shawnee Shores Dr Jacksonville, Fl 32225

ARTICLE VI PURPOSES AND RESTRICTIONS

The purpose for which the Professional Association is organized is to engage in the licensed practice of Medicine and Surgery under regulation of the Florida Department of Professional Regulation. No officer, shareholder, employee, or agent shall practice any other occupation on behalf of, or in the name of, this Professional Association, except to the extent allowed by Florida law. No person rendering professional services shall become an officer, shareholder, employee, or agent of this Professional Association who does not possess a license to engage in the same occupation for which this Professional Association is organized. Should any such person lose the license to so practice, that person shall immediately sever all employment with, and financial interests in, the Professional Association.



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.

