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LAW OFFICES  
GELB & SPATZ

3400 SOUTHWEST THIRD AVENUE  
MIAMI FLORIDA 33145

MONROE GELB  
CARL A SPATZ

MIAMI 856-0233 (305)  
BROWARD 522-8483 (305)  
FAX NO. 856-9116 (305)

July 2, 1997

Secretary of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

600002231816--0

-07/07/97--01146--018

Re: ADELA CAMMAROTA, M.D., P.A.

\*\*\*\*122.50 \*\*\*\*122.50

Dear Sir or Madam:

In reference to the captioned corporation, please find enclosed herewith the following:

1. Original and an executed copy of the Articles of Incorporation
2. A check made payable to the Division of Corporations in the sum of \$122.50 for the following:

Filing Fee	\$35.00
Certified copy of Articles of Incorporation	\$52.50
Registered Agent Designation	<u>\$35.00</u>
<b>TOTAL</b>	<b>\$122.50</b>

FILED  
97 JUL -7 AM 10:18  
TALLAHASSEE, FLORIDA

Please return to the undersigned a certified copy of the Articles of Incorporation in the envelope enclosed for your convenience.

Very truly yours,

GELB & SPATZ

BY: Monroe Gelb  
MONROE GELB

MG/cs  
Enclosures  
corporat\secofsta.ltr

9/17-9-97

**ARTICLES OF INCORPORATION**

**OF**

**ADELA CAMMAROTA, M.D., P.A.**

FILED  
97 JUL -7 10:10  
TALLAHASSEE, FLORIDA

The undersigned subscriber to these Articles of Incorporation, being duly licensed to practice medicine under the laws of the State of Florida, adopts these Articles to form a corporation under the Professional Service Corporation and Limited Liability Company Act, F.S. Chapter 621, and other laws of the state of Florida.

**ARTICLE I**

The name of the professional service corporation is ADELA CAMMAROTA, M.D. P.A.

**ARTICLE II**

The principal office and mailing address of this corporation is Suite 305, 2355 Salzedo Street, Coral Gables, Florida 33134.

**ARTICLE III**

The professional service corporation is formed to engage in every phase and aspect of the practice of medicine. In addition, the corporation may invest the funds of the professional service corporation in real estate, mortgages, stocks, bonds, or any other type of investment, and own real and personal property necessary for the rendering of professional services.

**ARTICLE IV**

The professional service corporation shall have perpetual existence starting on the date of these Articles of incorporation are filed with the Florida Department of State.

**ARTICLE V**

The capital stock of the professional service corporation shall be 100 shares of common stock having a par value of \$100.00 per share.

None of the shares of the professional service corporation may be issued to anyone other than an individual duly licensed to practice medicine in the State of Florida.

#### ARTICLE VI

The address of the initial registered office of this professional service corporation is Suite 305, 2355 Salzedo Street, Coral Gables, Florida 33134. The name of the initial registered agent at that address is ADELA CAMMAROTA, M.D.

#### ARTICLE VII

The business of the corporation shall be managed by its board of directors. The initial board of directors shall consist of 1 member. The name and address of the member of the first board of directors are:

NAME:

Adela Cammarota, M.D.

ADDRESS:

Suite 305  
2355 Salzedo Street  
Coral Gables, Florida 33134

#### ARTICLE VIII

The name and address of the person signing these articles of incorporation as subscriber are:

NAME:

Adela Cammarota, M.D.

ADDRESS:

Suite 305  
2355 Salzedo Street  
Coral Gables, Florida 33134

#### ARTICLE IX

The corporation reserves the right to amend or repeal any provisions in these article of incorporation in the manner provided by law. Any right conferred on the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber(s) executed these articles of incorporation on this 2 day of JULY, 1997.

[Signature]  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF FLORIDA     )  
                                  )SS  
COUNTY OF DADE     )

The foregoing articles of incorporation were acknowledged before me on this 2 day of JULY, 1997 by ADELA CAMMAROTA, M.D.

Cary Stuart  
NOTARY PUBLIC, STATE OF FLORIDA

My commission expires:

CARY STUART  
Print, Type, or Stamp  
commissioned  
Name of Notary Public



FILED  
97 JUL -7 AM 10:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Personally known X or produced identification  
Type of Identification produced

The undersigned hereby accepts the designation of registered agent in the State of Florida for ADELA CAMMAROTA, M.D. P.A., and hereby agrees to serve as registered agent until which designation is terminated in accordance with the Florida General Corporation Act.

[Signature]  
ADELA CAMMAROTA, M.D. P.A.

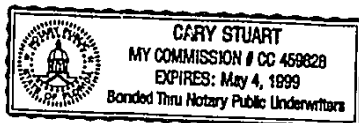
STATE OF FLORIDA     )  
  )SS  
COUNTY OF DADE     )

I HEREBY CERTIFY that on this day before me personally appeared ADELA CAMMAROTA, M.D., P.A. who is personally known or exhibited her drivers license as identification to me known to be the person described in and who executed the foregoing Acceptance of Designation as Registered Agent and acknowledged before me that she executed same of her voluntary act and deed.

Witness my hand and seal in the County and State last aforesaid this 2 day of July, 1997.

*Cary Stuart*  
\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA

My commission expires:



corporat\cammarot