

P97000080473
TRANSMITTAL LETTER

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

SUBJECT: _____ MICHAEL AUGUST SMETS, M.D., P.A.
(Proposed corporate name - must include suffix)

700002284037--8
-09/03/97--01065--003
*****122.50 *****122.50

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate

\$122.50
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: _____ Michael A. Smets, M.D.
Name (Printed or typed)

3506 Torremolinos Avenue
Address

Miami, Florida 33178-2959
City, State & Zip

(954) 355-9436 digital pager
Daytime Telephone number

FILED
97 SEP 16 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

789, 2551, 630, 2550
W97-20459

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 5, 1997

MICHAEL A SMETS
3506 TORREMOLINOS AVE
MIAMI, FL 33178-2959

SUBJECT: MICHAEL AUGUST SMETS, M.D., P.A.
Ref. Number: W97000020459

We have received your document for MICHAEL AUGUST SMETS, M.D., P.A. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

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

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6919.

Beth Register
Corporate Specialist Supervisor

Letter Number: 897A00044324

Transmittal Letter

Beth Register
Corporate Specialist Supervisor
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: MICHAEL AUGUST SMETS, M.D., P.A.
Ref. Number: W97000020459

Dear Beth Register:

As was requested in Letter Number: 897A00044324, enclosed is a corrected original and two (2) copies of the articles of incorporation. The Department of State has already received a check for the filing fee and certified copy.

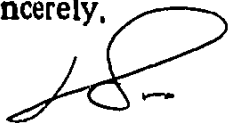
I, Michael A. Smets, M.D., acting as registered agent and incorporator can be contacted at:

Michael A. Smets, M.D.
3506 Torremolinos Avenue
Miami, Florida 33178-2959
(954) 355-9436 digital pager

or toll-free service:

Step1: Dial 1-800-229-7243
Step2: After message dial
355-9436
Step3: After tone dial in
your full telephone #

Sincerely,



Michael A. Smets, M.D.

MS:ms

FILED

97 SEP 16 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: MICHAEL AUGUST SMETS, M.D., P.A.

Description: As a physician of internal medicine I request filing of a physician association (P.A.) for the purpose of

ARTICLE II PRINCIPAL OFFICE operating a private medical practice in the State of Florida.
The principal place of business and mailing address of this corporation shall be:

3506 Torremolinos Avenue
Miami, Florida 33178-2959

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Michael August Smets, M.D.
3506 Torremolinos Avenue
Miami, Florida 33178-2959

ARTICLE V INCORPORATOR

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

Michael August Smets, M.D.
3506 Torremolinos Avenue
Miami, Florida 33178-2959



Signature/Incorporator

8/29/97

Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

8/29/97

Date