

P98000031055

TRANSMITTAL LETTER

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

200002476342--5
-04/02/98--01021--010
*****78.75 *****78.75

SUBJECT: First Coast Pathology Services P.A.

(Proposed corporate name - must include suffix)

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: Max O. Solano M.D.

Name (Printed or typed)

3616 Shawnee Shores Dr

Address

Jacksonville, FL 32225-4301

City, State & Zip

(904) 745-5680

Daytime Telephone number

FILED
98 APR -2 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dmc
4/3/98

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

FILED

98 APR -2 PM 2:06

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: First Coast Pathology Services 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 32225-4301

ARTICLE III SHARES

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

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 Shore Dr.
Jacksonville, FL 32225-4301

ARTICLE V INCORPORATOR

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

- | | |
|---|--|
| 1. Max Solano M.D.
3616 Shawnee Shores Dr
Jacksonville, FL 32225-4301 | 2. Elio Madan M.D.
1634 Colonial Dr
Green Cove SP FL 32043 |
|---|--|

ARTICLE VI PURPOSES AND RESTRICTIONS: Please see attached description.

Signature/Incorporator

Date

3/31/98

(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

Date

3/30/98

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.