

P98000043558

FROM:

SUSAN S. JARAMILLO
588 S. WILMA STREET
LONGWOOD, FL 32750
DAYTIME PHONE NUMBER: (407) 332-8391

City/State/Zip

Phone #

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*****78.75 *****78.75

Office Use Only

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

1. _____
(Corporation Name) (Document #)
2. _____
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NEW FILINGS	
<input type="checkbox"/>	Profit
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<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

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98 MAY 14 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W98-653



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 12, 1998

SUSAN S. JARAMILLO
588 S. WILMA STREET
LONGWOOD, FL 32750

SUBJECT: LONGWOOD MEDICAL ASSOCIATES, P.A.
Ref. Number: W98000000653

We have received your document for LONGWOOD MEDICAL ASSOCIATES, P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 487-6067.

Neysa Culligan
Document Specialist

Letter Number: 598A00001581

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 LONGWOOD MEDICAL ASSOCIATES, INC.

ARTICLE II - PRINCIPAL OFFICE

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

588 S. WILMA STREET
LONGWOOD, FL 32750

ARTICLE III - SHARES

The number of stock that this corporation is authorized to have outstanding at any one time is 1000 shares (Common Stock), \$1.00 par value per share.

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SUSAN S. JARAMILLO
588 S. WILMA STREET
LONGWOOD, FL 32750

ARTICLE V - TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI - DIRECTORS

All corporate powers shall be exercised by or under the authority of, and the business and affairs of the corporation managed under the direction of its Board of Directors, subject to any limitation set forth in these Articles of Incorporation. This corporation shall have one Director. The name and address of the initial member of the Board of Director is:

SUSAN S. JARAMILLO
588 S. WILMA STREET
LONGWOOD, FL 32750

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TALLAHASSEE, FLORIDA

ARTICLE VII – OFFICERS

The name and address of the initial officer of the corporation who shall hold office for the first year of the corporation or until their successor is elected or appointed is:

SUSAN S. JARAMILLO, PRESIDENT
588 S. WILMA STREET
LONGWOOD, FL 32750

ARTICLE VIII – PREEMPTIVE RIGHTS

The corporation elects to have preemptive rights.

ARTICLE IX – INCORPORATOR (S)

The name and street address of the incorporators to these Articles of Incorporation is:

SUSAN S. JARAMILLO
588 S. WILMA STREET
LONGWOOD, FL 32750

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 27th day of April, 1998.

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

Signature: Susan S Jaramillo

Signature: _____

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED
OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES,
THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAW OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICER/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

1. Name of the corporation is:

LONGWOOD MEDICAL ASSOCIATES, INC.

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

SUSAN S. JARAMILLO
588 S. WILMA STREET
LONGWOOD, FL 32750

Having been named as registered agent and to accept service of process for the above
state 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 am familiar with and accept the obligations of my position
as registered agent.

Susan S. Jaramillo
Signature

4/27/98
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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