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TO: DIVISION OF CORPORATIONS FAX #: (850)922-4001

FROM: FAS-T CORP. ABENTS, INC.

ACCT#: 071001002335

CONTACT: LIDIA FERNANDEZ PHONE: (305)599-0839

FAX #: (305)716-0346

NAME: KENDALL NEW LOOK MEDICAL CENTER, INC.

AUDIT NUMBER...... H98000012192

DOC TYPE......FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS...1

PAGES..... 3

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

July 1, 1998

FAS-T CORP AGENTS INC

SUBJECT: KENDALL NEW LOOK MEDICAL CENTER, INC.

REF: W98000015064

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity must be identical throughout the document.

If you have any further questions concerning your document, please call (850) 487-6931.

Becky McKnight Document Specialist FAX Aud. #: H98000012192_ Letter Number: 898A00035699 н98000012192

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ARTICLE OF INCORPORATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

OF

KENDALL NEW LOOK MEDICAL CENTER, INC.

The undersigned incorporator(s), for the purpose of forming a Corporation under the Florida General Corporation Act. hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAMES

The name of the Corporation shall be: KENDALL NEW LOOK MEDICAL CENTER, INC. The principal place of business of this corporation shall be: 11410 S.W. 88TH STREET SUITE # 311 MIAMI FL 33176.

ARTICLE IL NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any state, Country territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its per value that this corporation is authorized to have outstanding at any one time is: 500 SHARES \$1.00 PER SHARE.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTOR(S)

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):SONIA MURIAS (P=) 11201 S.W. 88TH STREET APTO. A-104 MIAMI FL 33176.

AGNES LEON (V-P-) 9641 S.W. 77TH AVENUE APTO. # 301 MIAMI FL 33176.

JULIO MURIAS (S=) 11201 S.W. 88TH STREET APTO. A-104 MIAMI FL 33176.

Prepared by: Associated Accountants Tax & Multiservice, Inc. 1393 S.W. 1st STREET # 103 MIAMI FI 33135 . PHONE: 305-642-5229

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is (are):

NAMES_

ADDRESS

SONIA MURIAS _____ President 30% of Shares.

AGNE LEON Vice-President 30% of Shares

JULIO MURIAS
Secretary 40% of Shares

11201 S.W. 88TH STREET APTO.# A-104 MIAMI FL 33176.

9641 S.W. 77TH AVENUE APTO. # 301 MIAMI FL 33156.

11201 S.W. 88TH STREET APTO. # A-104 MIAMI FL 33176.

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Article of Incorporation this 30 day of JUNE, 1998.

Signature(s) of Incorporator(s)

President

Vice-President

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE.

Pursuant to the provisions of Section 607-325, Florida Statutes, the undersigned Corporation, organized under the laws of the State of Florida, submits the the following statement in designating the registered office/registered agent, in the State Of Florida

- 1- The name of the corporation is: KENDALL NEW LOOK MEDICAL CENTER, INC.
- 2- The name and address of the registered agent and office is: SONIA MURIAS,

11201 S.W. 88TH STREET APTO. # A-104 (P.O. Box Not Acceptable)

> MIAMI FL 33176. (CITY/STATE/ZIP)

SIGNATURE 5

(Corporate Øfficer)

TITLE :

President.

DATE:

06/30/98

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607-325, FLORIDA STATUTES.

SIGNATURE

DATE: 06/30/98.

AHASS

JUL - I PH

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REGISTERED AGENT FILING FEE: