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August 20, 1998

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Re: Miguel Angel Mas, Jr., M.D., F.A.A.P., P.A.

400002623534--7  
-08/24/98--01127--007  
\*\*\*\*122.50 \*\*\*\*122.50

To whom it may concern:

Enclosed for filing please find the *Articles of Incorporation*, along with *Certificate of Designation of Registered Agent/Registered Office* for Miguel Angel Mas, Jr., M.D., F.A.A.P., P.A. Please follow through accordingly.

I have included for return a self-addressed and stamped envelope for a copy of the recorded instruments.

If you should need any additional information, please contact me at (904) 824-9402. Thank you for your assistance in this matter.

Sincerely,

Anita Scott

Anita Scott, Legal Assistant to  
Robert L. McLeod, II

FILED  
AUG 24 AM 7:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Enclosures as stated

/as

F. CHESSEN AUG 27 1998

FILED  
98 AUG 24 AM 7:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**  
of  
**MIGUEL ANGEL MAS, JR., M.D., F.A.A.P., P.A.**

The undersigned hereby executes these Articles of Incorporation for the purpose of becoming incorporated under the Florida Professional Service Corporations and Limited Liability Companies as set forth in Chapter 621 of the Florida Statutes, and certifies as follows:

**ARTICLE I.**

**NAME OF PROFESSIONAL ASSOCIATION:** The name of this professional association shall be **MIGUEL ANGEL MAS, JR., M.D., F.A.A.P., P.A.**

**ARTICLE II.**

**ADDRESS:** The principal place of business and mailing address of this professional association shall be as follows:

1955 U.S. 1 South  
St. Augustine, Florida 32086

**ARTICLE III.**

**SHARES:** The number of shares of stock that this service corporation is authorized to have outstanding at any one time is One Hundred (100) shares.

**ARTICLE IV.**

**SHAREHOLDER:** The shareholders shall be as follows:

**MIGUEL ANGEL MAS, JR., M.D.**

**ELIZABETH ANN MAS**

ARTICLE V.

INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and address of the initial registered agent is as follows:

ROBERT L. McLEOD, II  
43 Cincinnati Ave.  
St. Augustine, Florida 32084

ARTICLE VI.

INCORPORATOR: The name and street address of the incorporator to these Articles of Incorporation for a Business Corporation is as follows:

MIGUEL ANGEL MAS, JR.  
1955 U.S. 1 South

ARTICLE VII.

INITIAL OFFICERS OF CORPORATION:

President: MIGUEL ANGEL MAS, JR.

Vice President/Secretary/Treasurer: ELIZABETH ANN MAS

ARTICLE VIII.

PURPOSE OF CORPORATION: The general purpose of this business corporation is to provide pediatric and other medical and health care services to the public and all other matters relating to the licensed practice of medicine and as authorized by law.

IN WITNESS WHEREOF, the undersigned incorporator has executed the foregoing Articles of Incorporation for a Professional Service Corporation on this 23rd day of July, 1998.

  
\_\_\_\_\_  
MIGUEL ANGEL MAS, JR.

STATE OF FLORIDA

COUNTY OF ST. JOHNS

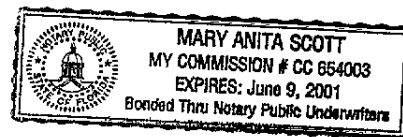
BEFORE ME, a Notary Public in and for the above County and State authorized to take acknowledgments, personally appeared MIGUEL ANGEL MAS, JR., to me well known to be the individuals described in and who executed the foregoing Articles of Incorporation, while under oath, and acknowledged before me that they executed the same for the purposes therein expressed.

WITNESS my hand and official seal in the County and State last above written on this 23rd day of July, 1998.

*Mary Anita Scott*

NOTARY PUBLIC

My Commission Expires:



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

PURSUANT TO THE PROVISIONS OF SECTION 621 FLORIDA STATUTES, THE UNDERSIGNED PROFESSIONAL SERVICE CORPORATION SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the professional corporation is:

**MIGUEL ANGEL MAS, JR., M.D., F.A.A.P., P.A.**

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

**ROBERT L. McLEOD, II ESQ.**  
43 Cincinnati Ave.  
St. Augustine, Florida 32084

*Having been named as registered agent and to accept service of process for the above stated professional service 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 will accept the obligations of my position as registered agent.*



ROBERT L. McLEOD, II, ESQ.

**SWORN TO BEFORE ME** and subscribed in my presence this 23<sup>rd</sup> day of July, 1998.



NOTARY PUBLIC

My Commission Expires:

