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To:

Division of Corporations  
Fax Number : (850) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT CORPORATION OR P.A.**

**TONYA FULLER, M.D., P.A.**

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**ARTICLES OF INCORPORATION**  
**OF**

TONYA FULLER, M.D., P.A.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 NAME**

The name of the corporation shall be: TONYA FULLER, M.D., P.A.

The principal place of business of this corporation shall be: 1190 N.W. 95 STREET  
SUITE 204  
MIAMI, FL 33150

**ARTICLE II NATURE OF BUSINESS**

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

This corporation will engage in all aspects of the practice of medicine

**ARTICLE III CAPITAL STOCK**

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is:

100 SHARES AT \$ 1 PAR VALUE

**ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

**ARTICLE V OFFICERS DIRECTORS**

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):

TONYA FULLER, M.D.  
3605 N.E. 207 ST. APT 4202  
AVENTURA, FL 33180

Prepared by: Michelle Stefanelli  
14411 Commerce Way, Suite 310  
Miami Lakes, FL 33016  
(305) 557-0303

ARTICLE VI INCORPORATOR(S)

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

TONYA FULLER, M.D.  
1190 N.W. 95 ST. SUITE 204  
MIAMI, FL 33150

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 22ND day of SEPTEMBER, 19 98

Signature(s) of Incorporator(s)

Tonya Fuller M.D.

\_\_\_\_\_  
\_\_\_\_\_

**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 following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation:

TONYA FULLER, M.D., P.A.

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

TONYA FULLER, M.D.

(P.O. BOX NOT ACCEPTABLE)

1190 N.W. 95 ST. #204 MIAMI, FL 33150

(CITY/STATE/ZIP)

SIGNATURE

*Tonya Fuller M.D.*

TITLE

DIRECTOR

DATE

9/22/98

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

*Tonya Fuller M.D.*

DATE

9/22/98

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