P98000093283		
Department of State Division of Corporation P. O. Box 6327 Tallahassee, FL 32314	IS	000026780311 -11/02/9801097014 ******78.75 *****78.75
SUBJECT: <u>Rafael M. Gomez, M.D., P.A.</u> (Proposed corporate name - must include suffix)		
Enclosed is an original and one (1) copy of the articles of incorporation and a check for :		
FROM:	Rafael M. Gomez, M.D., P.A. Name (printed or typed)	
	419A Racetrack Road, NW	
	Address	
	Ft. Walton Beach, FL 32547-4	612 AC NO T
	City, State & Zip	
	(850)863-3100	
	Daytime Telephone number	
AUTHORIZATION BY PHONE TO CONFECT OUT O DATE 11398 DOC. EXAM	GAVE	19 10A
NOTE: Please provide the original and one copy of the articles.		

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TA-11/3/98

ARTICLES OF INCORPORATION

OF

RAFAEL M. GOMEZ, M.D., P.A.

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: Rafael M. Gomez, M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

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

419 A Racetrack Road, NW Ft. Walton Beach, FL 32547-4612

ARTICLE III SHARES

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

100 Shares of Common Stock

.....

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Rafael M. Gomez, M.D., 419A Racetrack Rd. NW, Ft. Walton Beach, FL 32547-4612

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

, they

Rafael M. Gomez, M.D. 419A Racetrack Road NW Ft. Walton Beach, FL 32547-4612

ARTICLE VI PURPOSE

The specific purpose of this Professional Association will be the Practice of Internal Medicine/Gastroenterology.

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

October _day of ____ 19⁹⁸

Signature

Signature

Signature

ings

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE, FOLLOWING STATEMENT IN DESIG-NATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: RAFAEL M. GOMEZ, M.D., P.A.

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



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.

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(Signature)