D980009738/

DIVISION OF CORPORATIONS

98 NOV -5 AMII: 27

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

EFFECTIVE DATE

SUBJECT:	Nidal	RADWAN, M.D.	F.A. brate name - must include su	
_		(Proposed corp	orate name - must include su	ffīx)
			٦	70000268 -11/05/98- ****131.2
Enclosed is an o	original and o	ne(1) copy of the articl	es of incorporation and a	check for :
☐ \$70. Filing F		\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate
	•		ADDITIONAL CO	OPY REQUIRED
FRO	OM:	Dr. Nidal R	Adway	
			Miani Gardens Address	Drive
·		N. Hiani B	each PC. 33, State & Zip	179
13.51	550		948-890>	
1,630,25	37			
v				•

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

November 9, 1998

Nidal DR. NIGAL RADWAN

1652 N.E. MIAMI GARDENS DRIVE N. MIAMI BEACH, FL 33179

We have received your document for NIDAL RADWAN, M.D., P.A. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

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) 487-6972.

Doris Brown Document Specialist

Letter Number: 098A00054209

> Ms. Brown,

if there is an additional problem, please contact the registered agent, Mark (IEBMAN, (305) 945-4151

4 '	A DOTAL SE OF INICORDOD ATTON	DIVSERRET
nate	ARTICLES OF INCORPORATION Lin compliance with Chapter 607, F.S., Florida Profit	90 115
FFECTIVE	•	98 NOV -5
1 - Character of the state of t	The name of the corporation shall be: Nidal RADWAN, H.D.,	P.A.
	MATURE OF the P.M. S	
	is a provider of Medical services.	
•	ARTICLE II PRINCIPLE OFFICE	
	The principle place of business/mailing address is: 1652 NE Miami Fat N. Miami Beh., FC.	-deus Drive 33179
	ARTICLE III SHARES The number of shares of stock is:	-
	1000	
	ARTICLE IV OFFICERS/DIRECTORS (OPTIONAL)	
	The name(s) and address(es): AI: AA RAdway, M.D	PRESIDENT
	1652 NE MIAMI GARDENS	Drive &
	N. Mianie Beh., FC. 33179	Deive 98 NOV-5
	•	
	ARTICLE V REGISTERED AGENT The name and Florida street address of the registered agent is:	. 379
	Hark A. CIEBMAN, CPA,	AA = 1:2
	16211 NE 18 AVENUE	
	NMiami Bch, FC. 3316:)
	ARTICLE VI INCORPORATOR	
	The name and address of the Incorporator is: MARK A. LIEB MAN,	CP4, P4
	16211 NE 18 AVENUE	•
	N Minnie Bola, FC. 33	3/61_

		•1
	I hereby accept the appointment as Registered Agent & agree to act in this ca	pacity.
	11-2-98	
	Signature/Registered Agent Date	-
	LPA 11-2-98	
	Signature/Incorporator Date	

ARTICLE
VII : Effective date of incorporation to be November 2, 1998