

TRANSMITTAL LETTER

P99000014543

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

600002772176--4
-02/10/99-01095--001
*****78.75 *****78.75

SUBJECT: AFFILIATED PEDIATRICS OF FLORIDA
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00

☒ \$78.75

☐ \$122.5

☐ \$131.25

FROM: GARSOZA SERVICES INC
Name (printed or typed)

5434 W SAMPLE Rd #226
Address

MARGATE FL 33073
City, State & Zip

(954) 979-4565
Daytime Telephone Number

garsoza @ worldnet.att.net

FILED
99 FEB 12 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Nelia Zamora
gave auth by phone
to correct the name

Dmc
2-11-99

ARTICLES OF INCORPORATION
OF

Affiliated Pediatrics of Florida, Inc.

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99 FEB 12 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be:

Affiliated Pediatrics of Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

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

3250 Stirling Road, Hollywood, FL 33021

ARTICLE III SHARES

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

Nine hundred shares (900) of Common Stock, each share to have no Par Value.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

George R Termotto,
3250 Stirling Road, Hollywood, FL 33021

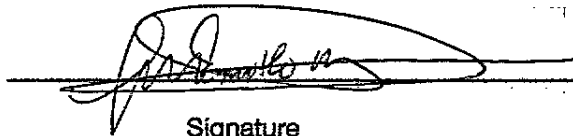
ARTICLE V INCORPORATOR(S)

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

George R Termotto
3250 Stirling Road, Hollywood, FL 33021

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

__5th__ day of __February__, 1999.

A handwritten signature in dark ink, appearing to read "George R Termotto", is written over a horizontal line.

Signature

Signature

Signature

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 DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: AFFILIATED PEDIATRICS OF FLORIDA, Inc.

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

GEORGE R TERMOTTO
(Name)
3250 STIRLING RD
(Address - P.O.Box not acceptable)
HOLLYWOOD, FL 33021
(City/State/Zip)

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TALLAHASSEE, FLORIDA

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.


(Signature)

2/8/99

(Date)