

P99000017120

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax and
number (shown below) on the top and bottom of all pages of the document.

(((H99000004104 8)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this
page. Doing so will generate another cover sheet.

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

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 541 3694
Fax Number : (305) 541-3770

FLORIDA PROFIT CORPORATION OR P.A.

EDDY GARCIA, M.D. P.A.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	578.75

FILED
99 FEB 23 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

February 19, 1999

EMPIRE

SUBJECT: EDDY GARCIA, M.D. P.A.
REF: W99000004230

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent designated in your document is not an active entity according to our records. Please reinstate this entity (call (850) 487-6059 for information) or designate another entity that is active according to our records.

The name and title of the person signing the document must be noted beneath or opposite the signature.

If you have any further questions concerning your document, please call (850) 487-6931.

Becky McKnight
Document Specialist

FAX Attn. #: H99000004104
Letter Number: 999A00007594

Division of Corporations - P.O. BOX 6327 Tallahassee, Florida 32314

305 541 3770 P.01/05

EMPIRE CORP

FEB-22-1999 17:22

499000004104
ARTICLES OF INCORPORATION

OF

EDDY GARCIA, M.D. P.A.

FILED

99 FEB 23 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

EDDY GARCIA, M.D. P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 2209 S.W. 16 STREET, SUITE #204
MIAMI, FL 33145

ARTICLE III PURPOSE

The purpose of this corporation shall be: MEDICAL OFFICE,
FAMILY PRACTICE.

ARTICLE IV CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000 SHARES
HAVING A PAR VALUE OF \$1.00

ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

FERNANDO J. VALLEJO

2025 BRICKELL AVENUE
SUITE #1502
MIAMI, FL 33129

ANY STOCKHOLDERS
EMPIRE CORPORATE KIT COMPANY
14920 N.W. 57th Street #250
Miami, FL 33195
(800) 541-3694

1

499000004104

H99000004104

ARTICLE VI BOARD OF DIRECTOR(S)

The name and address of the initial board of directors shall be: EDDY GARCIA, M.D.
770 CLAUGHTON ISLAND DRIVE PH-29
MIAMI, FL 33131

ARTICAL VII OFFICERS(S)

The name, title and address of the officers of this corporation shall be: EDDY GARCIA, M.D. PRESIDENT
770 CLAUGHTON ISLAND DRIVE PH-29
MIAMI, FL 33131

ARTICLE VIII INCORPORATOR(S)

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

EMPIRE CORPORATE KIT OF AMERICA, INC.
1492 W. FLAGLER ST #200
MIAMI, FL 33135

The undersigned has(have) executed these Articles of Incorporation this 19TH day of FEBRUARY, 1999.

Ray Stormont

Incorporator
Ray Stormont/President
Signing for
Empire Corporate Kit of America, Inc.

H99000004104

H99000004104

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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



SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

99 FEB 23 AM 9:29

FILED

H99000004104