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## Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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## To:

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

## From:

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

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FLORIDA PROFIT CORPORATION OR P.A.

SURGICAL &amp; THERAPY CENTER, INC.

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FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

April 29, 1999

FAS-T CORP. AGENTS, INC.

SUBJECT: SURGICAL & THERAPY CENTER, INC.  
REF: W99000010042

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.

PLEASE ADD THE NAME OF THE CORPORATION ON THE REGISTERED AGENT PAGE.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

If you have any further questions concerning your document, please call (850) 487-6928.

Michelle Milligan  
Document Specialist

FAX Aud. #: H99000010090  
Letter Number: 399A00022910

ARTICLES OF INCORPORATION  
OF  
SURGICAL & THERAPY CENTER, INC.

I , the undersigned, do hereby acknowledge and file in the office of the Secretary of State of the State Of Florida, for the purpose of forming a Corporation for profit, in accordance with the Laws of State Of Florida, and do hereby adopt the following Articles of Incorporation.

ARTICLE 1

The name of the Corporation shall be :  
SURGICAL & THERAPY CENTER, INC.

ARTICLE 2

The general nature of the business and business to be transacted are as follows:  
This Corporation may engage in any activity or business permitted under the Laws of the UNITED STATES OF AMERICA and the STATE OF FLORIDA.

ARTICLE 3

SHARES

- a) The authorized capital stock of this Corporation shall consist of one class, namely common stock.
- b) The authorized capital stock of this Corporation shall consist of FOUR THOUSAND SHARES of COMMON-STOCK NO-PAR VALUE.

ARTICLE 4

The Corporation shall have perpetual existence.

ARTICLE 5

The amount of capital with which this Corporation shall begin shall be FIVE HUNDRED DOLLARS ( \$ 500.00 ).

Prepared by :

LAZARO J. RIVERA  
6741 CORAL WAY #22  
MIAMI FL 33155  
(305) 267-6060

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TALLAHASSEE, FLORIDA

ARTICLE 6

The initial Post Office address of principal place of business of this Corporation shall be

6741 CORAL WAY #22 MIAMI, FL. 33155

ARTICLE 7

The Corporation shall have not less than one nor more than five Directors as provided by the Bylaws and they shall hold office for one year or until their successors have been duly elected.

ARTICLE 8BOARD OF DIRECTORS

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>
LAZARO J. RIVERA	PRESIDENT-SECRETARY	6741 CORAL WAY#22 MIAMI, FL. 33155

ARTICLE 9

The registered agent of this Corporation shall be :

LAZARO J. RIVERA 6741 CORAL WAY #22 MIAMI, FL. 33155

ARTICLE 10

The names and Post Office addresses of the subscribers to the ARTICLES OF INCORPORATION together with the number of shares which each agrees to take, and the value of the consideration for same, are as follows :

<u>NAME</u>	<u>ADDRESS</u>	<u>NO. OF SHARES</u>	<u>VALUE OF SHARES</u>
LAZARO J. RIVERA	6741 CORAL WAY #22 MIAMI, FL. 33155	500	\$ 500.00

SUBSCRIBED at Miami, Dade County, Florida, this 27 day of APRIL,  
A.D. 1999.

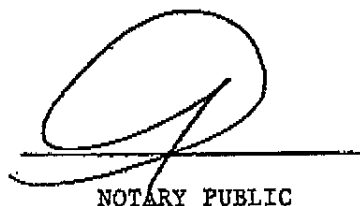
  
LAZARO J. RIVERA

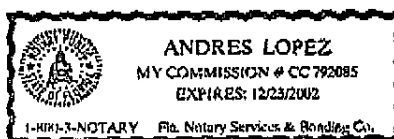
STATE OF FLORIDA )  
COUNTY OF DADE ) SS:

I certify that on this day before me, a Notary Public of the State of Florida,  
duly qualified and acting, personally appeared LAZARO J. RIVERA

to me well known, and being by me first duly sworn and cautioned, upon their oath  
deposed and said that they acknowledged that they had signed the above and foregoing  
ARTICLES OF INCORPORATION for the purposes therein set forth.

WITNESS my hand and official seal at Miami, Dade County, Florida, this 27  
day of APRIL A.D., 1999.

  
NOTARY PUBLIC



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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

First -- That SURGICAL & THERAPY CENTER, INC.  
desiring to organize under the laws of the State of FLORIDA with its principal office, as indicated in the Articles of Incorporation at City of MIAMI County of DADE State of Florida, has named LAZARO J. RIVERA located at 6741 CORAL WAY #22 City of MIAMI, County of DADE State of Florida, as its Agent to accept service of process within this State.

ACKNOWLEDGMENT: ( MUST BE SIGNED BY DESIGNATED AGENT )

Having been named to accept service of process for the above stated Corporation, at place designated in these Articles of Incorporation, I, hereby, accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

BY

  
( REGISTERED AGENT )

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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