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\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. MARIA P. RIVERO, M.D., P.A. (Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

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☐ Certificate of Status

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Examiner's Initials

ARTICLES OF INCORPORATION  
OF  
MARIA P. RIVERO, M.D., P.A.

ARTICLE I  
NAME

The name of the Corporation shall be:

MARIA P. RIVERO, M.D., P.A.

ARTICLE II  
PURPOSE

This corporation is organized for the purpose to transact any and all lawful activities or business permitted under the laws of the United States and of the State of Florida. The specific nature of business is to practice as a pediatrician.

ARTICLE III  
PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 2085 Vinings Circle, #1107, Wellington, Florida 33414

ARTICLE IV  
STOCK

This corporation is authorized to issue One Thousand (1,000) shares of common stock having a par value of One Dollar (\$1.00) per share; the consideration to be paid for each share of stock shall be fixed by the Board of Directors.

ARTICLE V

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ARTICLE V

INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial Registered Agent of this Corporation is: 2085 Vinings Circle, #1107, Wellington, Florida 33414 and the name of the initial Registered Agent of this Corporation at that address is: Maria P. Rivero.

ARTICLE VI

INITIAL BOARD OF DIRECTORS

This Corporation shall have One (1) Director initially, the number of Directors may be increased or diminished from time to time by the By-Laws but shall never be less than one. The name and address of the initial Director of the Corporation is:

Maria P. Rivero

2085 Vinings Circle  
Apartment #1107  
Wellington, Florida 33414

ARTICLE VII

INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is: Maria P. Rivero, 2085 Vinings Circle, Apartment #1107, Wellington, Florida 33414

ARTICLE VIII  
INDEMNIFICATION

The Corporation shall indemnify any Office or Director, or any former Officer or Director, to the full extent permitted by the law.

ARTICLE XI  
AMENDMENT

These Articles of Incorporation may be amended in the manner provided by the law.

IN WITNESS WHEREOF, the undersigned have executed these Articles of Incorporation this 1st day of May 1999.

  
\_\_\_\_\_  
Maria P. Rivero

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT-REGISTERED OFFICE

Pursuant to the provisions of sections 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:

MARIA P. RIVERO, M.D., P.A.

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

Maria P. Rivero  
2085 Vinings Circle  
Apartment #1107  
Wellington, Florida 33414

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.

Maria P. Rivero  
Registered Agent

Date: 5/1/99

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