# P990004389

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

SUBJECT:	Robert Urquiza, M.D. (Proposed corpor	., P.A. ate name - must include suf	fix)	
Enclosed is an origina	al and one(1) copy of the articles		0002850 -04/23/990 *****78.75 check for:	0174 1100002 *****78.75
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	Robert Urquiza Name (Pr	rinted or typed)		
	10280 N.W. 9th Street Circle, # 102  Address		· <u>=</u>	
	Miảmi, Florida 33172 City, State & Zip			. <u>.</u>
	(305) 553-0567 Daytime T	elephone number		·

SHARON

MAY 1 3 1999

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





# FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 27, 1999

ROBERT URQUIZA 10280 N.W. 9TH STREET CIRCLE SUITE 102 MIAMI, FL 33172

SUBJECT: ROBERT URQUIZAM M.D., P.A.

Ref. Number: W99000009869

We have received your document for ROBERT URQUIZAM M.D., P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to section 607.0202(1)(b) or 617.0202(1)(b), Florida Statutes, you must list the corporation's principal office, and if different, a mailing address in the document. If the principal address and the registered office address are the same, please indicate so in your document.

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) 487-6933.  $\stackrel{\textstyle ==}{=}$ 

Dana Calloway Document Specialist

Letter Number: 999A00022294

# 'ARTICIÆS OF INCORPORATION

The undersigned incorporator, 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:

Robert Urquiza, M.D., P.A.

## ARTICLE II PRINCIPAL OFFICE

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

The principal address and the registered office are the same

## ARTICLE III SHARES

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

100

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Robert Urquiza, M.D. 10280 N.W. 9th Street Circle # 102 Miami. Florida 33172

### ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Robert Urquiza, M.D. 10280 N.W. 9th Street Circle # 102 Miami, Florida 33172

ARTICLE VI SPECIAL PURPOSE FOR A "PROFESSIONAL CORPORATION"

This corporation has been formed pursuant to F.S. 621.03 as a professional service corp.

Date

Signature/Incorporator
Robert Urquiza

Signature/Incorporator

THIS PROFESSIONAL SERVICES ORGANIZATION WILL BE LIMITED TO PROVIDING MEDICAL SERVICES.

(An additional article must be added if an effective date is requested.)

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/Registered Agent

Robert Urquiza

OS MAY 13 PA 4: 54