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TRANSMITTAL LETTER

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

100002894491--5  
-06/03/99--01088--015  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

**SUBJECT:** ONOFRE S. DEL CAMPO, M.D., INC.  
(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 Filing Fee  
☐ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☒ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** ONOFRE S. DEL CAMPO, M.D.  
Name (Printed or typed)

1652 RIVERBLUFF ROAD  
Address

JACKSONVILLE, FL 32211  
City, State & Zip

(904) 744-5543  
Daytime Telephone number

FILED  
99 JUN -3 PM 1:04  
SECRETARY OF STATE  
TALLAHASSEE, FL 09104

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

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## ARTICLES 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:

ONOFRE S. DEL CAMPO, M.D., INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:  
6665 Banbury Road  
Jacksonville, FL 32211

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:  
10,000

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:  
Onofre S. Del Campo, M.D.  
1652 Riverbluff Road  
Jacksonville, FL 32211

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Onofre S. Del Campo, M.D.  
1652 Riverbluff Road  
Jacksonville, FL 32211

Onofre S. Del Campo M.D.  
Signature/Incorporator

May 28, 1999  
Date

(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

Onofre S. Del Campo M.D.  
Signature/Registered Agent

May 28, 1999  
Date

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99 JUN -3 PM 1:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA