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TRANSMITTAL LETTER

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

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-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.

6-8-99
WS

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