

TRANSMITTAL LETTER

P99000052780

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

SUBJECT: A GYN. OF MIRAMAR, INC.
(Proposed corporate name - must include suffix)

300002854923--3
-04/28/99--01060--019
****122.50 *****78.75

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

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: SIOMARA SENISES
Name (Printed or typed)
6161 MIRAMAR PARKWAY SUITE 300
Address
MIRAMAR, FL. 33023
City, State & Zip
(305) 986-0030
Daytime Telephone number

FILED
99 JUN 10 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

May 3, 1999

SIOMARA SENISES
6161 MIRAMAR PARKWAY, STE. 300
MIRAMAR, FL 33023

SUBJECT: A GYN. OF MIRAMAR, INC.
Ref. Number: W99000010315

We have received your document for A GYN. OF MIRAMAR, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

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) 487-6928.

Michelle Milligan
Document Specialist

Letter Number: 799A00023711

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

A GYN. OF MIRAMAR, INC.

ARTICLE II PRINCIPAL OFFICE

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

6161 MIRAMAR PARKWAY SUITE 300

MIRAMAR, FL. 33023

ARTICLE III SHARES

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

ONE HUNDRED (100) SHARES OF COMMON STOCK WITH A PAR VALUE
OF FIVE (5.00) DOLLARS EACH SHARE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SIOMARA SENISES
3500 FAIRFAX LANE
DAVIE, FL. 33330

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

PRES.

SIOMARASENISES
3500 FAIRFAX LANE
DAVIE, FL. 33330

V. P.

BELKIS GONZALEZ
17900 S.W. 4TH. CT.
PEMBROKE PINES, FL. 33029

SEC.

SIOMARA SENISES
3500 FAIFAX LANE
DAVIE, FL. 33330

TREAS.

BELKIS GONZALEZ
17900 S.W. 4TH. CT.
PEMBROKE PINES, FL. 33029

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

13TH day of APRIL, 19 99

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

Siomara Senises Siomara Senises
Signature
Belkis Gonzalez Belkis Gonzalez
Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: _____

A GYN. OF MIRAMAR, INC.

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

SIOMARA SENISES

(NAME)

3500 FAIRFAX LANE

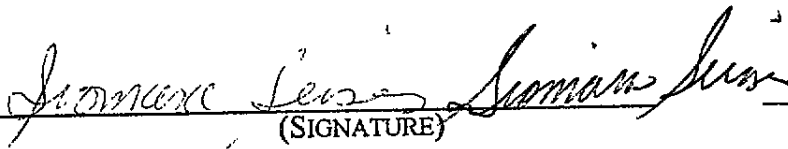
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

DAVIE, FL. 33330

(CITY/STATE/ZIP)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

04-13-99

(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314