

TRANSMITTAL LETTER

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

SUBJECT:

SOUTH DADE MEDICAL MANAGEMENT SVS, INC.
(Proposed corporate name - must include suffix)

300002951273--5
-08/05/99--01051--003
*****78.00 *****78.00

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: Maria Lozada
Name (Printed or typed)

17233 S.W. 144th Court
Address

Miami, Florida 33177
City, State & Zip

305-251-8387
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 AUG -5 PM 4: 24

FILED

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

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:

SOUTH DADE MEDICAL MANAGMENT SVS, INC.

ARTICLE II PRINCIPAL OFFICE

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

10300 S.W. 72nd Street, Suite 275G
Miami, Florida 33173

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:

MARIA LOZADA/ 10300 S.W. 72nd Street, Suite 275G
Miami, Florida 33173

ARTICLE V INCORPORATOR

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

MARIA LOZADA
10300 S.W. 72nd Street
Suite 275G
Miami, Florida 33173

Maria Lozada

Signature/Incorporator

7/22/99

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

Maria Lozada

Signature/Registered Agent

7/22/99.

Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA