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To:  
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Fax Number : (850)922-4001

From:  
Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
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TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

JULIO R. CHACON M.D. P.A.

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
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CERTIFICATE OF INCORPORATION  
OF  
JULIO R. CHACON M.D. P.A.

We, the undersigned, hereby associated ourselves together for the purpose of becoming a corporation under the laws of the State of Florida by and under the provisions of the statutes of the State of Florida, providing for the formation, rights, privileges, immunities and liabilities of incorporation for profit.

ARTICLE I

The name of the corporation shall be: JULIO R. CHACON M.D. P.A.

ARTICLE II

The corporation will engage in any activity or business permitted under the laws of the State of Florida and of the United States of America. MEDICAL PRACTICE

ARTICLE III

The maximum number of shares which the corporation is authorized to issue and have outstanding at any one time is 100 shares of common stock, which shares shall be of one dollar each (\$1.00).

All stock is to be issued as fully paid and exempt from assessment.

ARTICLE IV

The pledge, sales, transfer or other disposition of the capital stock may be governed and restricted by the by-laws or written agreement among the stockholders which shall be on file in the office of the corporation.

ARTICLE V

The amount of capital with which corporation may begin doing business shall be not less than one hundred dollars (\$100.00).

ARTICLE VI

The existence of the corporation is perpetual.

ARTICLE VII

The initial post office address of the principal office of the corporation in the State of Florida is 2140 West 68 St. Ste. 300 Hialeah, Fl 33016

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The Board of Directors may, from time to time, move the principal office to any other address in the State of Florida. The registered address of the corporation is 2140 West 68 St., Ste. 300 Hialeah, Fl 33016. The registered Agent at the registered address is Julio R. Chacon M.D. P.A.

#### ARTICLE VIII

The business of the corporation shall be managed by a Board of Directors consisting of not less than one (1) nor more than two (2) directors. A quorum for the holding of meetings of the board of directors and for the transaction of any business which will be properly done by the directors on behalf of the corporation shall consist of a majority of the members thereof; but the directors, by unanimous consent in writing, included among the minutes of the corporation, may consent to the doing of any act and such consent in writing shall have the same force and effect as though a formal meeting had been held pursuant to call being duly made and as though the said act had been done and authorized at a meeting at which a quorum had been present, or such duties may be delegated to an Executive Committee.

#### ARTICLE IX

The names and post office addresses of the members of the first Board of Directors and the state of Corporate Officers are as follows:

| <u>NAME</u>               | <u>TITLE</u>                          | <u>ADDRESS</u>                                     |
|---------------------------|---------------------------------------|--|
| Julio R. Chacon M.D. P.A. | President-<br>Treasurer-<br>Secretary | 2140 West 68 St.<br>Ste. 300, Hialeah,<br>Fl 33016 |

#### ARTICLE X

The names and post office addresses of the subscribers of the articles of incorporation and number of shares that they agree to take are:

| <u>NAME</u>             | <u>ADDRESS</u>                                 | <u>NO. OF SHARES</u> |
|-------------------------|--|----------------------|
| Julio R. Chacon MD P.A. | 2140 West 68 St., Ste. 300<br>Hialeah Fl 33016 | 100                  |
|                         |  |                      |
|                         |  |                      |
|                         |  |                      |

ARTICLE XI

The stock of the corporation may be issued pursuant to the provisions of Section 1244 of the Internal Revenue Code, so that the stockholders of the corporation may receive the benefits provided thereunder.

IN WITNESS WHEREOF, we have hereunto set our hands and seal this 10 day of September 1999.

*Julio R. Chacon*  
JULIO R. CHACON

STATE OF FLORIDA )  
COUNTY OF DADE )

I HEREBY CERTIFY THAT on this day, personally appeared before me, an officer duly authorized to administer oaths and taken acknowledgments under the laws of the State of Florida,

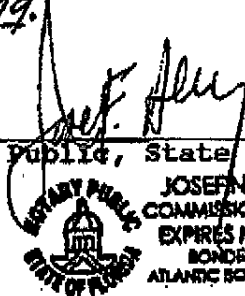
Julio R. Chacon MD P.A.

to me well known to be the persons described in and who executed the foregoing Certificate of Incorporation, and acknowledged before me that they executed the same freely and voluntarily for the purpose therein expressed.

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

WITNESS my hand official seal at City of Miami, State of Florida,  
this 10 day of September 99.

Notary Public, State of Florida at Large



JOSEFINA ALVAREZ  
COMMISSION # CC617900  
EXPIRES MAR 19, 2001  
BONDED THROUGH  
ATLANTIC BONDING CO., INC.

My Commission Expires:

Certificate designating place of business or domicile for the  
service of process within Florida, naming Agent upon whom process  
may be served.

In compliance with Section 48.091, Florida Statutes, the following  
is submitted:

First, that Julio R. Chacon MD P.A.  
(Name of Corporation)

Desiring to organize or qualify under the laws of the State of  
Florida, with its principal place of business at City of Miami,  
State of Florida, has named Julio R. Chacon MD P.A.  
(Name of Registered Agent)

located at 2140 West 68 St., Ste. 300 Hialeah Fl 33016  
(Street address and number of building)  
(Post office box address is not acceptable)

City of Miami, State of Florida, as its Agent to accept service of  
process within Florida.

SIGNATURE

Julio R. Chacon  
President  
9/10/99

TITLE

DATE

Having been named to accept service of process for the above state  
corporation, at the place designated in this certificate, I hereby  
agree to act in this capacity, and I further agree to comply with  
the provisions of all statutes relative to the proper and complete  
performance of my duties.

SIGNATURE

Julio R. Chacon  
(registered Agent)  
9/10/99

DATE