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FILED

99 NOV -5 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

000003019310--6

-10/20/99-01033-018

*****78.75 *****78.75

SUBJECT: Family Medical Office P.A.
(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 ☒ \$78.75 ☐ \$122.50 ☐ \$131.25

FROM:

ARSENIO LEIZAN

Name (printed or typed)

882 SW 142 CT

Address

Miami, FL, 33184

City, State & Zip

(305) 865-9607

Daytime Telephone number



Family Medical Office P.A.

ARSENIO LEIZAN, Jr., P.A.

29341 S.W. 152nd Avenue

Leisure City, FL 33033

Telephone: (305) 248-0980

Fax: (305) 248-1784

Home: (305) 226-8726

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

D. BROWN NOV - 5 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

October 22, 1999

ARSENIO LEIZAN
882 S.W. 142ND COURT
MIAMI, FL 33184

SUBJECT: FAMILY MEDICAL OFFICE P.A.
Ref. Number: W99000024395

We have received your document for FAMILY MEDICAL OFFICE P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

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) 487-6972.

Doris Brown
Document Specialist

Letter Number: 099A00050921

**ARTICLES OF INCORPORATION
OF**

FAMILY MEDICAL OFFICE P.A.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I

IDENTIFICATION

The name of this Corporation is FAMILY MEDICAL OFFICE P.A. and its principal place of business is 29341 S.W. 152 Ave. Leisure City, FL 33033

ARTICLE II

TERM OF EXISTENCE

This Corporation shall have perpetual existence unless sooner dissolved in accordance with the laws of the state of Florida. The date on which corporate existence shall begin is the date on which these Articles of Incorporation are filed with the Secretary of State of the State of Florida.

ARTICLE III

NATURE OF BUSINESS

The corporation may engage in medical services activities permitted under the laws of the United States and of the State of Florida.

ARTICLE IV

AUTHORIZED SHARES

This Corporation is authorized to issue 100 Shares of Common Stock with a par value of one dollar (\$1.00) per share.

Arsenio Leizan - President	33.3% of Stocks
Felix Chion-Fong - Vice President	33.3% of Stocks.
Julio C. Hernandez - Treasurer	33.3% of Stocks

ARTICLE V

REGISTERED AGENT AND OFFICE

The name and address of the initial registered agent is:

Arsenio Leizan - 882 S.W. 142 CT. Miami, Florida 33184

ARTICLE VI

INCORPORATOR

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

Felix Chion-Fong- 13875 S.W. 103 Lane Miami, FL 33186

Arsenio Leizan – 882 SW 142 CT MIAMI FL 33184

Julio C. Hernandez –9530 SW 25 DR MIAMI FL 33165

ARTICLE VII

DIRECTOR(S)

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

Felix Chion-Fong- 13875 S.W. 103 Lane Miami, FL 33186

Arsenio Leizan – 882 SW 142 CT Miami FL 33184

Julio C. Hernandez-9530 SW 25 Dr Miami FL 33165

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 15th day of October 1999.



PRESIDENT

VICE-PRESIDENT

TREASURER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: FAMILY MEDICAL OFFICE P.A.

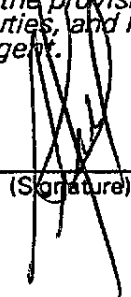
2. The name and address of the registered agent and office is:

ARSENIO LEIZAN
(Name)

882 SW 142 CT
(P.O. Box not acceptable)

MIAMI, FL, 33184
(City/State/Zip)

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)

President.