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OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

000003042610--0

-11/12/99--01065--007

\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. HECTOR CHAVEZ, M.D., P.A.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

RECEIVED  
99 NOV 12 AM 11:45  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
99 NOV 12 AM 10:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Examiner's Initials

**ARTICLES OF INCORPORATION**  
**OF**  
**HECTOR CHAVEZ, M.D., P.A.**

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**FILED**  
99 NOV 12 AM 10:04  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I**

The name of this corporation shall be: **HECTOR CHAVEZ, M.D., P.A.**, located at 400 Northwest 141 Avenue, Apt. 305, Pembroke Pines, Florida 33028.

**ARTICLE II**

The corporation may engage in any activity or business of providing medical services to the public.

**ARTICLE III**

This corporation is authorized to issue 100 shares of common stock, at \$1.00 par value.

**ARTICLE IV**

This corporation is to exist perpetually, unless otherwise dissolved according to law.

**ARTICLE V**

The initial Registered Agent and the street address of the initial registered office of this corporation is:

Hector Chavez  
President/Secretary/Treasure  
400 N.W. 141 Avenue, #305  
Pembroke Pines, FL 33028

**ARTICLE VI**

This corporation shall have one (1) Directors; the number of Directors may be increased or decreased from time to time by vote of a majority of shareholders, but never shall less than one. The names and addresses of initial directors are:

Hector Chavez  
President/Secretary/Treasure  
400 N.W. 141 Avenue, #305  
Pembroke Pines, FL 33028

ARTICLE VII

The names and addresses of the incorporators are:

Hector Chavez  
President/Secretary/Treasure  
400 N.W. 141 Avenue, #305  
Pembroke Pines, FL 33028

ARTICLE VIII

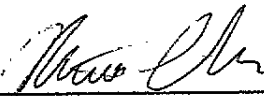
The initial By-laws of this corporation shall be adopted by the Board of Directors. The By-laws may be amended from time to time by either the stockholders or the Directors. The stockholders may amend, alter, or repeal any By-laws adopted by the stockholders, nor may the Directors adopt By-laws which would be in conflict with the By-laws adopted by the shareholders.

CERTIFICATE DESIGNATING PLACE OF BUSINESS  
FOR THE SERVICE OF PROCESS WITHIN  
THIS STATE AND NAMING AGENT  
UPON WHOM PROCESS MAY BE SERVED

In pursuance of Chapter 607.34, Florida Statutes, the following submitted in compliance with said Act: **Hector Chavez, M.D., P.A.**, desiring to organize under the laws of the State of Florida with its principle office, as indicated in the Articles of Incorporation at City of Miami, County of Dade, State of Florida, has named Hector Chavez, as Registered Agent, located at 400 Northwest 141 Avenue, #305, 33028, Pembroke Pines, Broward County, Florida, as its agent to accept service of process within this State.

Having been named to accept service of process for the above stated corporation, at place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provisions of said Act relative to keeping open said office.

By: \_\_\_\_\_



Hector Chavez  
Registered Agent

THE UNDERSIGNED hereby declares and certifies that the facts herein are true and correct and accordingly he/she has this 10 day of October, 1999, executed these Article of Incorporation at Dade County, Florida.

By: [Signature]  
Hector Chavez


STATE OF FLORIDA       )  
                                  ) SS  
COUNTY OF DADE       )

BEFORE ME, the undersigned authority, personally appeared, Hector Chavez, to me known to be the person who signed the foregoing instrument or who has produced Id. as identification and acknowledged the execution thereof to be his free act and deed for the uses and purposes therein mentioned and who did (did not) take an oath.

WITNESS my hand and official seal at said County and State this 11<sup>th</sup> day of November 1999.

[Signature]  
Notary Public, State of Florida  
At Large

My Commission Expires:

 Elizabeth Amaran  
My Commission CC834185  
Expires May 6, 2003

FILED  
99 NOV 12 AM 10:04  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA