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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# Florida Department of State
## Division of Corporations
### Public Access System
Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)205-0381

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

# FLORIDA PROFIT CORPORATION OR P.A.

## HECTOR GARCIA D.P.M., P.A.

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 01 |
| Estimated Charge | $78.75 |

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# ARTICLES OF INCORPORATION

in compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

Hector Garcia, D.P.M., P.A.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

11452 Quail Roost Drive
Miami, FL. 33179

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

to engage in the licensed practice of podiatric medicine.

**ARTICLE IV SHARES**

The number of shares of stock is:

500

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

DR. Hector Garcia, D.P.M., P.A.
11452 QUAIL ROOST DRIVE
MIAMI, FL. 33179

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

Dr. Hector Garcia, D.P.M.
11452 Quail Roost Drive
Miami, FL 33157.

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Marisela Iglesias
1761 SW 11th St
Miami FL 33135

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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.*

Signature/Registered Agent — 1/18/02 Date

Signature/Incorporator — 1-18-02 Date

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