POSSIBLE SELECTION OF THE SELECTION OF T

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

SUBJECT: Marie Christensen M.D. P.A.				
(Proposed corporate name - must include suffix)				
		90	100032813 -0670870601 ******78.75	
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 ADDITIONAL COP	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: Marie Christensen MD Name (Printed or typed) 868 N. Lake Sterling Ct. 3303-5. Semanan Blvd nc Address				
Casselberry FL 32707 City, State & Zip				
Daytime Telephone number				

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

Pa 6/16/00

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Floric Business Corporation Act, hereby adopts the following Articles of Incorporation.	da FILED
Distress Corporation notice, and provide the grant of the provide	00 JUN -8 AM 9:39
ARTICLE I NAME The name of the corporation shall be:	SECRETARY OF STATE
Marie Christensen M.D., P.A.	TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:	
3303 S. Semoran Blvd, Orlando, FL 32822	
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstand	ing at any one time is:
ARTICLE IV INITIAL REGISTERED AGENT AND STREET AI	ADRESS
The name and Florida street address of the initial registered agent are:	<u>DDRECO</u>
Marie Christensen M.D.	C:t.
3363 S. Semoran Blyd Mc && N. Lake Sterling Orlando, FL 32822 ARTICLE V INCORPORATOR Casselberry, FL 32	1707
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:	
Marie Christensen M.D. 868 N. Lake:	Sterling Ct.
Marie Christensen M.D. 868 N. Lake 3383 S. Semoran Blvd nc Casselberry, F	L 32707
m: M:+	6-6-00
Signature/Incorporator	Date
ARTICLE VI PURPOSE The specific purpose is to practice medicine.	
(An additional article must be added if an effective date is re	equested.)
Having been named as registered agent and to accept service of process for the above stated co	" roaration at the place designated in
this certificate, I hereby accept the appointment as registered agent and agree to act in this cape	acity. I further agree to comply with
the provisions of all statutes relating to the proper and complete performance of my duties, and obligations of my position as registered agent	d I am familiar with and accept the
Maria Chairteann	10-10-00
Signature/Registered Agent	Date
-	