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October 11, 2000

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Alexandria M. Angelides, MD PA

Type Doctment
Plain/Confirmation Copy

Certificate of Status

X	Certified	Copy
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- □ Photocopy
- ☐ Certified Copy

- All Charter Documents to Include Articles & Amendments
- ☐ Fictitious Name Application
- □ Other:

NEW FILINGS		
X	Profit	
	Non Profit	
	Limited Liability	
	Domestication	
	Other	

AMENDMENTS	60
Amendment	
Resignation of RA Officer/Director	
Change of Registered Agent	
Dissolution/Withdrawal	
Merger	

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OTHER FILINGS		
	Annual Reports	
	Fictitious Name	
	Name Reservation	
	Reinstatement	

REGISTRATION/QUALIFICATION	ΓI
Foreign	
Limited Partnership	
Reinstatement	
Trademark	
Other	ě

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DIVISION OF CORPORATIONS

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ARTICLES OF INCORPORATION

OF

ALEXANDRIA M. ANGELIDES, M.D., P.A.

OO OCT 11 PN 2: 38
SECRETARY OF STATE
TALLAHASSEE FLORINA

THE UNDERSIGNED INCORPORATOR, being of the age of eighteen years or over, for the purpose of forming a Professional Corporation under the Florida Business Corporation Act does hereby adopt the following Articles of Incorporation:

Article I: The name of the Professional Corporation is:

Alexandria M. Angelides, M.D., P.A.

Article II: The principal place of business and mailing address of the Professional

Corporation is:

901 Meadows Road

Suite C

Boca Raton, FL 33486

Article III: The specific purpose of the Professional Corporation is:

To engage in the practice of medicine

Article IV: The aggregate number of shares which the Professional Corporation shall

have authority to issue is:

100 shares without par value

Article V: The name and address of the Director/Officers is:

Alexandria M. Angelides, M.D.

16453 Bridlewood Circle Delray Beach, FL 33445

Article VI: The name and address of the initial Registered Agent is:

Alexandria M. Angelides, M.D.

16453 Bridlewood Circle Delray Beach, FL 33445 Article VII: The name and the address of the Incorporator is:

Alexandria M. Angelides, M.D. 16453 Bridlewood Circle Delray Beach, FL 33445

IN WITNESS WHEREOF, the undersigned has hereunto subscribed to these Articles of Incorporation and affirmed it as true under the penalties of perjury.

Dated: Delray Beach, Florida October 4, 2000

ALEXANDRIA M. ANGELIDES, M.D.

CERTIFICATE OF DESIGNATION

OF

REGISTERED AGENT

FOR

ALEXANDRIA M. ANGELIDES, M.D., P.A.

The name of the Professional Corporation is:

Alexandria M. Angelides, M.D., P.A.

The name and address of the registered agent is:

Alexandria M. Angelides, M.D. 16453 Bridlewood Circle Delray Beach, FL 33445 FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named the registered agent and to accept service of process for the above stated Professional Corporation at the place designated in the Certificate, I hereby accept the appointment as registered agent and agree to act in the 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 obligation of my position as registered agent.

Dated: Delray Beach, Florida October 4, 2000

ALEXANDRIA M. ANGELIDES, M.D.