P00000/09445

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

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SUBJECT:	Karen Wang, MD	, PA	
Enclosed is an origina	al and one(1) copy of the article	E NAME - MUST INCLU	RECORD TO
\$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
FROM:	Karen Wang Name (B)	MD inted or typed)	
	201 SE 2	and Ave, Siddress	<u>uite</u> 406
	<u>Gainesulle</u>	FL 3260 State & Zip	<u> </u>
	(352) Daytime Te	732 - 2558	<u> </u>

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



ARTICLE I NAME The name of the corporation shall be: Kaven Wang, MD, PA ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 201 SE 2nd Ave. Suite 40
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
ARTICLE I NAME
The name of the corporation shall be: Karen Wang, MD, PA
reaction value, late, pa
ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:
Gainciville FL, 32601
The purpose for which the corporation is organized is: Professional Corporation
for the practice of medicine.
ARTICLE IV SHARES
The number of shares of stock is: 100
ARTICLE V INITIAL OFFICERS DIRECTORS (optional)
The name(s) and address(es): Karen Wang, MD
201 SE 2nd Avenue, Suite 406
Gainesville FL, 32601
ARTICLE VI REGISTERED AGENT
The name and Florida street address of the registered agent is:
Karen Wang
201 SE 2nd Avenue, Suite 406
Gaines ville FL 32601 ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Karen Wang 201 SE 2nd Ave, Scute 406
201 SE 2nd Ave, Scute 406
Gainesville FC 32601
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 Date

Signature/Incorporator

Date