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To: Division of Corporations
Fax Number : (850) 922-4001

From: Account Name : ACE INDUSTRIES, INC.
Account Number : 070744001530
Phone : (305) 358-2571
Fax Number : (305) 358-7832

FLORIDA PROFIT CORPORATION OR P.A.

JOAQUIN A. GOMEZ, M.D., P.A.

01 JAN 26 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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B. McKnight JAN 26 2001

H01-11248

Articles of Incorporation

Article 1: Name of Corporation: **JOAQUIN A. GOMEZ, M.D., P.A.**

Address of Corporation: **220 NORTH WEST 62 AVENUE
MIAMI, FLORIDA 33126**

Article 2: Capital Stock: The number of shares which the corporation has authorized to be outstanding at any one time is **100**, with a par value of **OMIT**.

Article 3: REGISTERED AGENT: **JOAQUIN A. GOMEZ**

REGISTERED OFFICE: **220 NORTH WEST 62 AVENUE
MIAMI, FLORIDA 33126**

CORPORATE PURPOSE: PROVIDE MEDICAL SERVICES

*I am familiar with and hereby accept the duties and responsibilities as Registered Agent for said corporation.


Signature of Registered Agent

Article 4: The Board of Directors are: (Board of Directors is NOT REQUIRED).
First listed is President, Second is Vice President, then Secretary/Treasurer.

1. **JOAQUIN A. GOMEZ, 220 NORTH WEST 62 AVENUE, MIAMI, FLORIDA 33126**
- 2.
- 3.

Article 5: The NAME and ADDRESS of the INCORPORATOR is:

**JOAQUIN A. GOMEZ
220 NORTH WEST 62 AVENUE
MIAMI, FLORIDA 33126**

In witness whereof, I have subscribed my name:


Signature of Incorporator

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