POLOCOO7/583 TRANSMITTAL LETTER FILED

01 JUL 18 PM 12: 48

SECKL STATE TALLAHASSEE, FLORIDA

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

| SUBJECT: Ma | rie E. Duthil MD, P. | | | |
|------------------------|--|--|--|---------------------------------------|
| | (PROPOSED CORPORAT | E NAME – <u>MUST INCL</u> | UDE SUFFIX) | |
| Enclosed is an origina | al and one(1) copy of the articles | • | 000044840 -07/18/0101 *****78.75 check for : | 3 98 3 040004 *****78.75 |
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status | |
| FROM | Marie E. Duthil MD | | | |
| FROM: | Name (Printed or typed) | | | · |
| | 1201 South Main Street #5 | | | |
| Address | | | | |
| Belle Glade, FL 33430 | | | | |
| | City, 5 | State & Zip | | |
| | Davima Ta | elenhane number | | Ē |

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

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| ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) | * |
| In compliance with company and | to the transfer of the transfe |
| The name of the corporation shall be: Marie E. Duthil MD. | . P.A. |
| The name of the corporation shall be. | 01 705 10 1115 |
| | SEUN STATE TALLAHASSEE, FLORIDA |
| A DESCRIPTION AL OFFICE | TALLAHASSEE, FLORIDA |
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1201 South Belle Glade | Main Street #5 e, FL 33430 |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: Medica | 1ºDoctor |
| ARTICLE IV SHARES The number of shares of stock is: 50 | |
| ARTICLE V INITIAL OFFICERS/DIRECTORS (option The name(s) and address(es): President Marie E. Duthil MD 15863 Cypress Park Drive Wellington, FL 33414 | onal) |
| | Marie E. Duthil MD 1201 South Main Street #5 3e11e Glade, FL 33430 |
| ARTICLE VII INCORPORATOR The name and address of the Incorporator is: President Marie E. Dutl 15863 Cypress | |
| Wellington, 1 | FL 33414 |
| Having been named as registered agent to accept service of process for the a certificate, I am familiar with and accept the appointment as registered agent to | nud agree to act in this capacity |
| STORED | 07/11/01 |
| - July cut | Date |
| Signature/Registered Agent | Date |

Date