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LAZARUS CORPORATE FII	ING SERVICE				
3320 S.W. 87 AVENUE					
MIAMI, FLORIDA (305)552-5973	·		02 v SEC TALL		
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ARTICLES OF INCORPORATION OF

LOURDES PILA-COLLAZO, M.D., P.A.

The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation

ARTICLE I NAME

The name of the corporation shall be: LOURDES PILA-COLLAZO, M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

11760 BIRD ROAD, SUITE 550, MIAMI, FL. 33175

OZ JAN IL PH 2: 38 SECRETARY OF STATE TAI LAHASSEE, FLORID

ARTICLE III PURPOSE

The purpose of this corporation shall be: PEDIATRICIAN SERVICES

ARTICLE IV CAPITAL STOCK

The number of shares of stock that this corporation is authorize to have outstanding is:

100 SHARES

ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

LOURDES PILA-COLLAZO 11760 Bird Road Suite 550 Miami, FL. 33175

ARTICLE VI BOARD OF DIRECTOR(S)

The name and address of the initial board of director(s) shall be:

LOURDES PILA-COLLAZO / 11760 Bird Rd. #550, Miami, FL. 33175

ARTICLE VII OFFICER(S)

The name, title and address of the officer(s) of this corporation shall be:

LOURDES PILA-COLLAZO / PRESIDENT / 11760 Bird Road #550 Miami, FL. 33175

ARTICLE VIII INCORPORATOR(S)

The name and address of the incoporator(s) to these Articles of Incorporation shall be:

LOURDES PILA-COLLAZO / 11760 Bird Rd. #550, Miami, FL. 33175

The undersigned has (have) executed these Articles of Incorporation this 10 day of January , 20 02

Incorporator Signature

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERD OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AND AGREE TO ACT IN THIS 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 OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

REGISTERED AGENT SIGNATURE

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