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**LAZARUS CORPORATE FILING SERVICE**

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MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

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FILED  
02 JAN 14 PM 2:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. LOURDES PILA-COLLAZO, M.D., P.A.  
(Corporation Name) (Document #)

2. \_\_\_\_\_ (Corporation Name) (Document #)

3. \_\_\_\_\_ (Corporation Name) (Document #)

4. \_\_\_\_\_ (Corporation Name) (Document #)

- Walk in  Pick up time 2.00  Certified Copy
- Mail out  Will wait  Photocopy  Certificate of Status

RECEIVED  
02 JAN 14 AM 11:01  
DIVISION OF CONFIGURATION

| NEW FILINGS                         |                   |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit            |
| <input type="checkbox"/>            | NonProfit         |
| <input type="checkbox"/>            | Limited Liability |
| <input type="checkbox"/>            | Domestication     |
| <input type="checkbox"/>            | Other             |

| AMENDMENTS               |                                       |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment                             |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent            |
| <input type="checkbox"/> | Dissolution/Withdrawal                |
| <input type="checkbox"/> | Merger                                |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

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Examiner's Initials gy

1/14

**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

**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

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**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 incorporator(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, 2002.

  
\_\_\_\_\_  
Incorporator Signature

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED 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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