

Mar 15 02 05:58p

p.1

Division of Corporations

Page 1 of 2

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FLORIDA PROFIT CORPORATION OR P.A.

FAMILY PRACTICE MEDICAL GROUP, INC.

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**ARTICLES OF INCORPORATION
OF
FAMILY PRACTICE MEDICAL GROUP, INC**

**THE UNDERSIGNED INCORPORATOR(S) FOR THE PURPOSE OF
FORMING A CORPORATION UNDER THE FLORIDA GENERAL
CORPORATION ACT, HEREBY ADOPT(S) THE FOLLOWING
ARTICLES OF INCORPORATION.**

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ARTICLE I NAME
THE NAME OF THE CORPORATION SHALL BE:
FAMILY PRACTICE MEDICAL GROUP, INC

**THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION
SHALL BE:**
4999 WEST 8TH AVE. SUITE 26, HIALEAH, FLORIDA, 33012

ARTICLE II NATURE OF BUSINESS
**THIS CORPORATION MAY ENGAGE IN OR TRANSACT ANY OR ALL
LAWFUL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS
OF THE UNITED STATES, THE STATE OF FLORIDA, OR ANY OTHER
STATE, COUNTY, TERRITORY OR NATION.**

ARTICLE III CAPITAL STOCK
**THE AGGREGATE NUMBER OF SHARES OF STOCK AND ITS VALUE
THAT THIS CORPORATION IS AUTHORIZED TO HAVE
OUTSTANDING AT ANY TIME ONE TIME IS : 60 SHARES**

ARTICLE IV TERM OF EXISTENCE
THIS CORPORATION IS TO EXIST PERPETUALLY.

ARTICLE V OFFICERS DIRECTORS
**THE NAME(S) AND STREET ADDRESS(ES) OF THE INITIAL OFFICER
(S) AND DIRECTORS(S), IF ANY, WHO SHALL HOLD OFFICE THE
FIRST YEAR OF THE CORPORATION'S EXISTENCE OR UNTIL
THEIR SUCCESSOR(S) IS (ARE) ELECTED, IS (ARE):**
DAMARIS ORTIZ 976 WEST 79ST HIALEAH, FLORIDA, 33014
LEYLIS THOMPSON 4243 NW 107TH AVE. MIAMI, FLORIDA, 33178

Mar 15 02 05:58p

P.3

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ARTICLE VI INCORPORATOR(S)
THE NAME(S) AND STREET ADDRESS(ES) OF THE INCORPORATOR(S)
TO THIS ARTICLES OF INCORPORATION IS (ARE):

DAMARIS ORTIZ 976 WEST 79TH ST HIALEAH,FLORIDA,33014
LEYLIS THOMPSON 4243 NW 107TH AVE. MIAMI,FLORIDA,33178

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR(S)
HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION
THIS 15TH. DAY OF MARCH, 2002.-

SIGNATURE(S) OF INCORPORATOR(S)

Damaris Ortiz

DAMARIS ORTIZ - DIRECTOR

Leyli Thompson

LEYLIS THOMPSON - DIRECTOR

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE
PURSUANT TO THE PROVISIONS OF SECTION 607.325, FLORIDA
STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER
THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING
STATEMENTS IN DESIGNATING THE REGISTERED OFFICE/REGISTERED
AGENT, IN THE STATE OF FLORIDA.

1.- THE NAME OF THE CORPORATION:
FAMILY PRACTICE MEDICAL GROUP, INC

2.- THE NAME AND ADDRESS OF THE REGISTERED AGENT AND
OFFICE IS:

DAMARIS ORTIZ, 976 WEST 79TH AVE. HIALEAH, FLORIDA, 33014

SIGNATURE Damaris Ortiz

TITLE: DIRECTOR

DATE: MARCH 15TH., 2002.-

HAVING BEEN NAMED TO ACCEPT SERVICES OF PROCESS FOR THE
ABOVE STATE CORPORATION, AT THE PLACE DESIGNATED IN THIS
CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I
FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL
STATUTES RELATIVE TO THE PROPER AND COMPLETE
PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND
OBLIGATION OF THE SECTION 607.325, FLORIDA STATUTES.

SIGNATURE Damaris Ortiz

DATE: MARCH 15TH, 2002

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TALLAHASSEE, FLORIDA

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