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CORPORATION NAME(S) & L  1. MEDIC ONC (Corporation Name)  2. (Corporation Name)  3. (Corporation Name)  4. (Corporation Name)  Walk in Rick up time	DOCTOR	BER(S) (if known):    SOFFICE, TMC-   (Document #)    (Document #)    (Document #)    (Document #)    (Document #)
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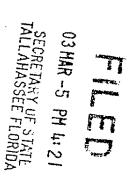
# ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

### ARTICLE I - NAME

The name of the corporation shall be:

MEDIC ONE DOCTOR'S OFFICE. INC.



# ARTICLE II - PRINCIPAL OFFICE

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

8206 NW. 103 ST.ROAL PAIM PLAZA HTALEAH GARDENS, FL 33016

### ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500 SHARES AT \$ 1.00 EACH

## ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

AHMED PONS 17300 NW. 68TH AVE. # 111 HIALEAH,FL 33015

### <u>ARTICLE V - INCORPORATOR</u>

The name and street address of the incorporator to these Articles of Incorporation is:

AHMED PONS.-17300 NW. 68TH AVE. # 111, HIALEAH, FL33015 500 SHARES

The undersigned incorporator has executed these Articles of incorporation this 4 day of MARCH 20 03

Signature

ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

AHMED PONS.-17300 NW. 68TH AVE. # 111, HIALEAH, FL 33015

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OF

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related 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