

Pa3000030023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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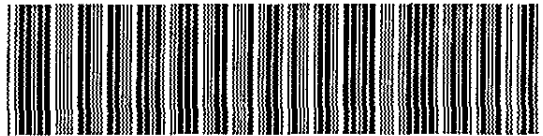
(Business Entity Name)

(Document Number)

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03 MAR 12 PM 3:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA



March 9, 2003

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

Dear Division of Corporations:

Healthcare Facilitators has been requested by Rie Aihara MD P.A to submit the attached Articles of Incorporation and payment for incorporation.

If you have any questions, please contact my office.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Fran LaVallette".

Fran LaVallette
Facilitator

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Rie Aihara M.D. P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

820 Grovesmere Loop
Ocoee, Florida 34761

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

General Surgery Medical Practice

ARTICLE IV SHARES

The number of shares of stock is:

100,000 Shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Rie Aihara MD
820 Grovesmere Loop
Ocoee, FL 34761

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Rie Aihara MD
820 Grovesmere Loop
Ocoee, FL 34761

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Rie Aihara MD
820 Grovesmere Loop
Ocoee, FL 34761

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Signature/Registered Agent

2/23/03
Date


Signature/Incorporator

2/23/03
Date

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