Division of Corporations

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# P0300074804

## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

## FLORIDA PROFIT CORPORATION OR P.A.

vishtasb broumand, dmd, md, pa

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION VISHTASB BROUMAND, DMD, MD, PA

The undersigned incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

#### **ARTICLE I**

The name of this corporation shall be: VISHTASB BROUMAND, DMD, MD, PA

#### ARTICLE II

This corporation shall commence existence upon the date of filing with the Division of Corporations, State of Florida, and shall have perpetual existence

#### ARTICLE III

The principal place of business for this corporation is: 1 Century Lane, #409 Miami Beach, Fl 33139

#### ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful TO provide medical services to the public.

ARTICLEY

The aggregate number of shares, which this corporation shall have authority to issue 100 shares having an individual par value of \$1.00 . Unless otherwise stated in these articles, there shall be only one class of stock for this corporation.

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#### ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be:

Max A. Adams, Esq.,LUTCF One Alhambra Plaza, Suite 100 Coral Gables, Fi 33134

#### ARTICLE VII

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

Vishtasb Broumand 1 Century Lane #409, Miami Beach, Fi 33139

#### **ARTICLE VIII**

The name and address of the incorporator executing these Articles of Incorporation is: Vishtasb Broumand
1 Century Lane #409, Miami Beach, Fl 33139

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# 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 AGENT 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

O3 JUL-8 AM 8: 19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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