Division of Corporations



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FLORIDA PROFIT CORPORATION OR P.A.

ASTRID A. FEBRE M.D. P.A.

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ARTICLES OF INCORPORATION FOR

ASTRID A. FEBRE M.D. P.A.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I

The name of the corporation shall be:

ASTRID A. FEBRE M.D. P.A.

ARTICLE II

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

ARTICLE III

The principal place of business and mailing address of this corporation shall

10041 S.W. 40TH ST. MIAMI, FL 33165

ARTICLE IV

The general nature of business of this corporation is to: GENERAL MEDICINE

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue are 100 shares having an individual par value of \$1.00 Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation:

ARTICLE VI

The name(s) and address(es) of the initial Registered Agent of this corporation shall be:

ASTRID A. FEBRE

10041 S.W. 40TH ST. MIAMI, FL 33165

ARTICLE VII

The name and address of the officers and initial board of directors shall be:

ASTRID A. FEBRE (P) TERESITA CAPILLA (V) 10041 S.W. 40TH ST.

MIAMI, FL 33165

ARTICLE VIII

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

ASTRID A. FEBRE

10041 S.W. 40TH ST. MIAMI, FL 33165

The undersigned has executive these Articles of Incorporation this 23TH day of <u>SEPTEMBER</u>, 2003

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CERTIFICATE OF DESIGNATION REGESTERED AGENT/REGISTERED OFFICE

EATING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CURPORATION AT THE AT THE PALACE DESIGNATED BY THE ARTICLES OF INCORPORATION, I HARRIEF ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY i further agree to comply with the provisions of all atatutes relating to the proper. CUI IPLISE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS Position as registered agent.

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