

P040000052291

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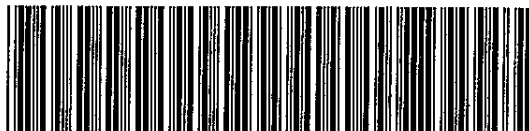
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: ORA MD PA, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Orestes R. Alvarez-Jacinto, MD

Name (Printed or typed)

6835 SW 92th STREET

Address

Miami, FL 33156

City, State & Zip

305-662-3874

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 9, 2004

ORESTES R. ALVAREZ-JACINTO, MD
6835 SW 92TH STREET
MIAMI, FL 33156

SUBJECT: ORA MD PA, INC.
Ref. Number: W04000009542

We have received your document for ORA MD PA, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You can only have one corporate suffix either PA or INC.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Ingram
Document Specialist
New Filings Section

Letter Number: 904A00015752

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:

ORA MD PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6835 SW 92th STREET
MIAMI, FL 33156

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES COMMON STOCK

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ORESTES R. ALVAREZ-JACINTO, MD
PRESIDENT, TREASURER and SECRETARY

ARTICLE VI REGISTERED AGENT

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

ORESTES R. ALVAREZ-JACINTO, MD
6835 SW 92th STREET
MIAMI, FL 33156

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ORESTES R. ALVAREZ-JACINTO, MD
6835 SW 92th STREET
MIAMI, FL 33156


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

02/25/2004

Date



Signature/Incorporator

02/25/2004

Date

FILED
04 MAR 21 PM 12:26
CLERK OF STATE
TALLAHASSEE, FLORIDA