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5-15-2004

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VP ✓
5/11/04

TRANSMITTAL LETTER

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

SUBJECT: EDMUNDO ANZOLA PARRA, M.D., P.A.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

Status

☒ \$78.75
Filing Fee
& Certified Copy
& Certificate of

☐ \$78.75
Filing Fee,
Certified Copy

ADDITIONAL COPY REQUIRED

FROM: EDMUNDO ANZOLA PARRA
11721 W. ATLANTIC BLVD, #704
CORAL SPRINGS, FL 33071
954-575-9417
(Daytime Telephone Number)

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

ARTICLES OF INCORPORATION

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

ARTICLES I NAME

The name of the corporation shall be:

EDMUNDO ANZOLA PARRA, M.D., P.A.

04 MAY -7 PM 3:14

DADE COUNTY, FLORIDA

ARTICLES II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

11721 W. ATLANTIC BLVD, #704, CORAL SPRINGS, FL 33071

EFFECTIVE DATE

5-15-2004

ARTICLES III PURPOSE

The character and nature of the business to be transacted by the Corporation shall be to engage in MEDICAL PRACTICE.

ARTICLES IV SHARES

The number of shares of stock is:

ONE THOUSAND (1,000) SHARES

ARTICLES V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

EDMUNDO ANZOLA PARRA - 11721 W. ATLANTIC BLVD, #704, CORAL SPRINGS, FL 33071

ARTICLES VI REGISTERED AGENT

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

EDMUNDO ANZOLA PARRA - 11721 W. ATLANTIC BLVD, #704, CORAL SPRINGS, FL 33071

ARTICLES VII INCORPORATOR

The name and Florida street address of the Incorporator is:

EDMUNDO ANZOLA PARRA - 11721 W. ATLANTIC BLVD, #704, CORAL SPRINGS, FL 33071

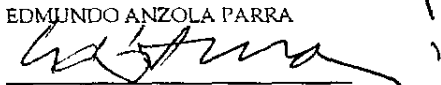
ARTICLES VIII EFFECTIVE DATE:

The effective date of the corporation shall be MAY 15TH, 2004

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
EDMUNDO ANZOLA PARRA

5/5/04
DATE


SIGNATURE/INCORPORATOR
EDMUNDO ANZOLA PARRA

5/5/04
DATE