

# Florida Department of State

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

## FLORIDA PROFIT CORPORATION OR P.A.

KARINA KUBIK, M.D., P.A.

Certificate of Status	0
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# ARTICLES OF INCORPORATION OE Karina Kubik, M.D., P.A.

The undersigned incorporators, for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopts the following Articles of incorporation:

#### ARTICLEINAME

The name of the corporation shall be: Karina Kubik, M.D., P.A.

The principal place of business of this corporation shall be:

2930 Elysium Way . Clearwater, FL 33759

# ARTICLE JI NATURE OF BUSINESS

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This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation. The primary purpose of this business is to engage in a medical practice.

#### ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 1,000 having a par value of \$1.00.

#### ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

#### ARTICLE V OFFICERS DIRECTORS

The names and street addresses of the initial officers and directors, if any who shall hold office the first year of the corporation's existence or until their successors are elected, are:

Karina Kubik, 2930 Elysium Way, Clearwater, FL 33759

Prepared by:

KIC & Associates, Inc. 11125 Park Blvd., #104-342 Seminole, FL 33772 (727) 251-7840

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### ARTICLE VI INCORPORATOR

The name and street address of the incorporator to this articles of incorporation is:

Name:

Office:

Address:

Karina Kubik

President

2930 Eiyslum Way Clearwater, FL 33759

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 30th day of June 2004.

Signature of incorporator

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# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

- 1. The name of the corporation: Karina Kubik, M.D., P.A.
- 2. The name and address of the registered agent and office is:

Karina Kubik, M.D. 2930 Elysium Way Clearwater, FL 33759

SIGNATURE:\_\_

TITLE: President

DATE: June 30, 2004

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE:

J. Pusik righ

DATE: June 30, 2004

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