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OTHER FILINGS	REGISTRATION/ QUALIFICATION
Annual Report	Foreign
Fictitious Name	Limited Partnership
Name Reservation	Reinstatement
	Trademark

Other

Examiner's Initials

CR2E031(9/92)

ARTICLES OF INCORPORATION OF

The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation

The name of the corporation shall be: Rafael 600124/e	n MD, F		
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 14938 SW 38 th Terrace Miami FL 33185	FILED: 46		
ARTICLE III PURPOSE The purpose of this corporation shall be: Medical Practice.	ctice		
ARTICLE IV CAPITAL STOCK			

ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The number of shares of stock that this corporation is authorize to have outstanding is:

The name and address of the initial registered agent is:

Rafael Gonzalez MD

149385W38HTErrace

Miami FL 33185

ARTICLE VI BOARD OF DIRECTOR(S)

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

Rafael Gonzalez MD

Marcia Pena
14938 SW 38th Terrace

Miami FL 33185

ARTICLE VII OFFICER(S)

The name, title and address of the officer(s) of this corporation shall be:

Rafael Gouzalez MD (President)

Marcia Pena (Secretary)

14938 SW 38th Terrace

Miami FL 33185

ARTICLE VIII INCORPORATOR(S)

The name and address of the incoporator(s) to these Articles of Incorporation shall be:

Rafael Gonzalez MO 149385W 38th Terrace Miami FL 33185

The undersigned has (have) executed these Articles of Incorporation this 22 day of day of

Incorporator Signature

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERD 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 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 SIGNATURE

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