

P04000110175

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DIVISION OF CORPORATIONS

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Requestor's Name

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CORPORATION(S) NAME

Camil Sader, M.D., P.A.

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☒ Other PA

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☒ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

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Empire Toll Free: 1-800-432-3028

ARTICLES OF INCORPORATION

The undersigned incorporator(s). The purpose is to engage in the practice of MEDICINE permitted under the laws of the United States and Florida, subject to the limitations as provided by the provisions of the Florida Professional Service Corporation A

ARTICLE I NAME

The name of the corporation shall be:

CAMIL SADER, M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

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

2880 NE 14th ST APT # 501
POMPANO BEACH, FL 33062

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES AT \$1.00 (ONE DOLLAR) PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CAMIL SADER
2880 NE 14th ST APT #501
POMPANO BEACH, FL 33062

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ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

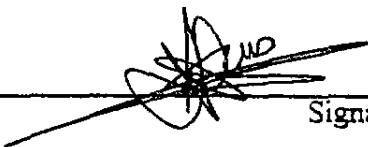
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

CAMIL SADER, DIRECTOR, PRES, VP, TRES, SEC

2880 NE 14th ST APT #501
POMPANO BEACH, FL 33062

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

26th day of JULY, 19 2004.



Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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 is:

CAMIL SADER, M.D., P.A.

2. The name and address of the registered agent and office is:

CAMIL SADER
(NAME)

2880 NE 14th ST APT # 501
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

POMPANO BEACH, FL 33062
(CITY/STATE/ZIP)

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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent 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.


(SIGNATURE)

7/26/04
(DATE)