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To:

Division of Corporations
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From:

Account Name : FILINGS, INC.
Account Number : 072720000101
Phone : (850) 385-6735
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FLORIDA PROFIT CORPORATION OR P.A.

BROWARD PULMONARY CONSULTANTS, P.A.

Certificate of Status	0
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ARTICLES OF INCORPORATION
OF
BROWARD PULMONARY CONSULTANTS, P.A.

ARTICLE I

The name of the corporation is: **BROWARD PULMONARY CONSULTANTS, P.A.**

ARTICLE II

The corporation shall engage in the profession of Medicine.

ARTICLE III

The maximum number of shares of capital stock that the corporation is authorized to issue is
1,000 shares of common stock at \$.10 par value.

ARTICLE IV

The amount of capital with which the corporation will begin business is the sum of \$100.00.

ARTICLE V

The corporation will have perpetual existence unless sooner dissolved according to law.

ARTICLE VI

The street address of the principal office of the corporation in this state shall be:

**3369 Bradenham Lane
Davie, Florida 33328**

**PREPARED BY:
STEVEN A. FEINMAN, ESQ.
8530 STATE ROAD 84
DAVIE, FLORIDA 33324
(954)473-5424
Florida Bar No:600880**

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ARTICLE VII

The corporation shall have one (1) Director initially. The number of Directors may be either increased or diminished from time to time by the By-Laws but shall never be less than one. The name of the initial Director of the corporation is:

JOSE GOYOS, D.O.

ARTICLE VII

The name and address of the person signing these Articles of Incorporation is:

**JOSE GOYOS, D.O.
3369 Brandenham Lane
Davie, Florida 33328**

ARTICLE IX

The Registered Agent of the corporation shall be STEVEN A. FEINMAN, ESQ., whose address within this state is as follows:

**8530 State Road 84
Davie, Florida 33324**

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IN WITNESS WHEREOF, the Articles of Incorporation have been executed on this the
30th day of November, 2005.

JOSE GOYOS, D.O.

Having been named Registered Agent for the above stated corporation, I hereby agree to
 accept the appointment.

STEVEN A. FEINMAN, ESQ.

STATE OF FLORIDA)
)SS
 COUNTY OF BROWARD)

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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I HEREBY CERTIFY, that JOSE GOYOS, D.O. to me personally known, or having
 produced Driver's License as identification on this day acknowledged before me that she
 executed the foregoing Articles of Incorporation, and I further certify that the said person making said
 acknowledgment to be the individual described in and who executed the said instrument.

IN WITNESS WHEREOF, I have hereto set my hand and seal in said County and State
 on this the 30th day of November, 2005.

My Commission Expires:



LESLIE SUAREZ
 MY COMMISSION # DD 467060
 EXPIRES: September 4, 2008
 Printed Two-Digit Policy Numbers

Leslie Suarez
 Notary Public, State of Florida

Leslie Suarez
 Print Name

DD 467060
 Commission Number

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