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DIVISION OF CORPORATION

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## LAZARUS CORPORATE FILING SERVICE

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### ARTICLES OF INCORPORATION

06 JAN 23 PM 12: 56

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

#### ARTICLE I NAME

The name of the corporation shall be:

Leonel Cordova MD., PA.

#### ARTICLE II PRINCIPAL OFFICE

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

10390. SW 97th street Miami F1 33176

#### ARTICLE III PURPOSE

The purpose of this corporation shall be:

Practice of Medicine.

ARTICLE IV CAPITAL STOCK

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

#### ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Leonel Cordova MD 10390 SW 97th street Miami, F/ 33176

#### ARTICLE VI BOARD OF DIRECTOR (S)

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

Leonel Cordova MD 10390 SW 97th street Miami Fl 33176

#### ARTICLE VII OFFICER (S)

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

Leonel Cordova MD President Noris Cordova-Pena Vice-President 10390 SW 97th street Miami Fl 33176

#### ARTICLE VIII INCORPORATOR (S)

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

Leonel Cordova MD 10390 SW 97th street Miami Fl 33176

The undersigned has (have) executed these Articles of Incorporation this 20 day of Tawary, 2006.

Incorporator Signature



CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERD OFFICE

06 JAN 23 PM 12: 56

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 VITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

REGISTERED AGENT SIGNATURE