

# Florida Department of State

Division of Corporations Public Access System

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## FLORIDA PROFIT/NON PROFIT CORPORATION

OSWALDO S. SANDOVAL MD P.A.

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Mar. 27 2006 02:33PM P2

## H06000080830

# 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

#### ARTICLE I NAME

The name of the corporation shall be: Oswaldo S. Sandova L MD P.A.

### ARTICLE II PRINCIPAL OFFICE

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

3750 W 16 AVE # 222 Hisland, FI 33012

#### ARTICLE III PURPOSE

The purpose of this corporation shall be:

INTERNAL Medicine

ARTICLE IV CAPITAL STOCK

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

DO MAR 27 AM II: 05 ECKETARY OF STATE LLAHASSEE, FLORID,

100

### ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

OSWALDO S. SANDOVAL 3750 W 16 AVE # 222 HIALEAL, FL 33012 FAX NO. :3052201440

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

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

OSWALDO S. SANDOVAI 3750 W 16 AUF # 222 HIDLEAL, FL 33012

### ARTICLE VII OFFICER (S)

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

President 3750 w 16 AVE # 222 Hinleph, FL 33012

#### ARTICLE VIII INCORPORATOR (S)

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

OSWADO S. SANDOVA! 3750 W 16 AVE # 222 HIATEAL, FL 33012

The undersigned has (have) executed these Articles of Incorporation this 27 day of

Incorporator Stenature

# H06000080830

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

2006 MAR 27 AM II: 05
SECRETARY OF STATE