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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)205-0381

From: Account Name : XIOMARA LEE, P.A.
Account Number : I20040000008
Phone : (305)262-2323
Fax Number : (305)262-2324

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION

ANGEL A. LAZO M.D. P.A.

Certificate of Status	1
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Estimated Charge	\$87.50

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4-28-06
2006

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

ANGEL A. LAZO M.D. P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2141 NW 7 ST
MIAMI, FL 33125

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ANGEL AMADO LAZO M.D. - PRESIDENT
2141 NW 7 ST
MIAMI, FL 33125

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

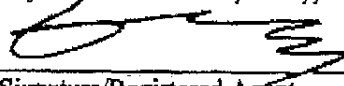
ANGEL AMADO LAZO M.D.
2141 NW 7 ST
MIAMI, FL 33125

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ANGEL AMADO LAZO M.D.
2141 NW 7 ST
MIAMI, FL 33125

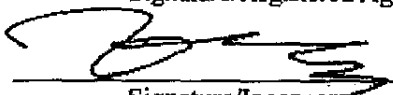
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

04/26/2006

Date



Signature/Incorporator

04/26/2006

Date

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