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| (Re | equestor's Name) | <u></u> |
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| (Ci | ty/State/Zip/Phon | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | ısiness Entity Naı | me) |
| (Do | ocument Number) | |
| Certified Copies | Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE FLORIDA

COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

| SUBJECT: LIVIA A. DELGADO M.D. P.A. (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX) | | | | | |
|--|------------------------------------|-----------------------------|----------------------------|--|--|
| | (PROPOSED CORPORA | TE NAMÉ – <u>MUST INCL</u> | UDE SUFFIX) | | |
| | | | | | |
| Enclosed are an orig | inal and one (1) copy of the arti | cles of incorporation and | a check for: | | |
| \$70.00 | \$78.75 | \$78.75 Filing Fee | | | |
| Filing Fee | Filing Fee & Certificate of Status | Filing Fee & Certified Copy | Filing Fee, Certified Copy | | |
| | | | & Certificate of | | |
| | • | ADDITIONAL CO | Status PY REQUIRED | | |
| | | | · <u>·</u> ··· | | |
| | | | | | |
| FROM: LIVIA A. DELGADO, M.D. Name (Printed or typed) | | | | | |
| Name (13 micd of typed) | | | | | |
| 418 SW B'7 CT Address | | | | | |
| | | | | | |
| | <u>Miami, Fl.</u> | 33/14 State & 7 in | | | |
| | | • | | | |
| (305) 282 - 1590 Daytime Telephone number | | | | | |

NOTE: Please provide the original and one copy of the articles.

| 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: LIVIA A. DELGADO, M.D., P.A. |
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: SUITE # 109 |
| The principal place of business/mailing address is: SUITE # 109 MIAMI, FL 33144 ARTICLE III PURPOSE The purpose for which the corporation is organized is: HEDICAL DEFICE ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS |
| ARTICLE IV SHARES The number of shares of stock is: 100 |
| List name(a) addusas(as) and smanific title(a): |
| List name(s), address(es) and specific title(s): Livia A. DELGADO, M.D. (MEDICAL DIRECTOR) |
| EMILIO A. AROSTEGUI (OFFICE MANAGER) |
| ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Livia B. DELGADO, M.D. 418 SW 87 CT, MIAHI, FL. 33/174 |
| ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Livia A DELGADO, M.D 418 SW 87 CT, MIAMI, PL. 33174 |
| ************************* |
| 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 Oate |
| Signature/Incorporator 6/23/06 Date |