

FROM : LAZARUS

FAX NO: :3052201440

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Division of Corporations

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Florida Department of State

Division of Corporations

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TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

J.C. LOPEZ ESCOBAR MD PA

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**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:

J. C. Lopez Escobar MD PA

ARTICLE II PRINCIPAL OFFICE

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

*5185 SW 165 Ave
Miami FL 33185*

ARTICLE III PURPOSE

The purpose of this corporation shall be:

PSYCHIATRIST MEDICAL PRACTICE

ARTICLE IV CAPITAL STOCK

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

100

ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

*Jose C. Lopez
5185 SW 165 Ave
Miami, FL 33185*

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ARTICLE VI BOARD OF DIRECTOR (S)

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

Jose C. Lopez
5185 SW 165 Ave
Miami, FL 33185

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ARTICLE VII OFFICER (S)

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

Jose C. Lopez (President)
5185 SW 165 Ave
Miami, FL 33185

ARTICLE VIII INCORPORATOR (S)

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

Jose C. Lopez
5185 SW 165 Ave
Miami, FL 33185

The undersigned has (have) executed these Articles of Incorporation this 19th day of Feb., 2007.


Incorporator Signature

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**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

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