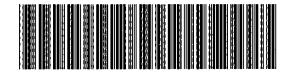
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DEFECTOR OF CORPORATION:
TALLAHASSEE FLORIDA

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LAZARUS CORPORATE FILING SERVICE

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CORPORATION NAME(S) & DOCUM	IENT NUMBER(S), (if known):
1. YESIM CALAFELL	MD, P.A.
(Corporation Name)	(Document #)
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NEW FILINGS	AMENDMENTS
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Not for Profit	Resignation of R.A., Officer/Director
Limited Liability Domestication	Change of Registered Agent Dissolution/Withdrawal
Other	Merger
2 OTHER FILINGS	
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report	Foreign
☐ Fictitious Name	Limited Partnership Reinstatement
·	Trademark
	Other

Examiner's Initials

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned incorporated, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of incorporation.

The specific nature of lusiness is: MEDICAL PRACTICE

ARTICLES I - NAME

The name of the corporation shall be:

YESIM CALAFELL MD, P.A.

<u>ARTICLES II – PRINCIPAL OFFICE</u>

The principal place of business and mailing of this corporation shall be: 440 SW 88TH CT MIAMI, FL 33174

ARTICALS III – SHARES

The number of shares of stock that this corporation is authorized to have outstanding at Any one time is: 100 SHARES

ARTICLES IV – INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

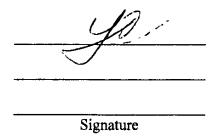
Yesim Calafell 440 SW 88th CT MIAMI, FL 33174

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of incorporation is:

Yesim Calafell 440 SW 88th CT MIAMI, FL 33174

The undersigned incorporator has executed these Articles of incorporation this 13^{TH} day of June, 2007.



ARTICLE VI - DIRECTOR(S)

The name and street address of the director(s) to these Articles of incorporation is (are):

Yesim Calafell

PRESIDENT

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligation of may position as Registered Agent

Registered Agent Signature

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