

Division of Corporations

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P08000034746

Florida Department of State
Division of Corporations
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Division of Corporations
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From:
Account Name : HUBCO
Account Number : 104662003400
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FLORIDA PROFIT/NON PROFIT CORPORATION

Chamber of Medicine P.A.

Certificate of Status	1
Certified Copy	0
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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Chamber of Medicine P.A.

ARTICLE II PRINCIPAL OFFICE

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

**Chamber of Medicine P.A.
327 W. Cypress Street
Kissimmee, FL 34741**

ARTICLE III SHARES

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

1,000 SHARES at No Par Value

ARTICLE IV PURPOSE

The purpose for which this corporation is/are formed, are as follows:

To practice the profession of: Medicine

**Prepared By:
Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-936-3940**

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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Aziz Imtiaz
327 W. Cypress Street
Kissimmee, FL 34741**

ARTICLES VI INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

**Aziz Imtiaz - President/Director
327 W. Cypress Street
Kissimmee, FL 34741**

ARTICLES VII INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

**Aziz Imtiaz
327 W. Cypress Street
Kissimmee, FL 34741**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

3rd day of April 2008.


Aziz Imtiaz
SIGNATURE

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE
INCORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF
FLORIDA, SUBScribes THE FOLLOWING STATEMENT IN THE DESIGNATING THE
OFFICE/AGENT, IN THE STATE OF FLORIDA.

is: **Chamber of Medicine P.A.**

1. The name of the registered agent and office is:

Aziz Imtiaz

Name

327 W. Cypress Street

(P.O. Box or Mail Drop Box NOT Acceptable)

Kissimmee, FL 34741

(City / State / Zip)

I, the undersigned, being a registered agent and to accept service of process for the above stated
office designated in this certificate, I hereby accept the appointment as registered
agent to act in this capacity. I further agree to comply with the provisions of all the statutes
pertaining to the proper and complete performance of my duties, and am familiar with and accept the
responsibilities of my position as registered agent.


Aziz Imtiaz
SIGNATURE

April 03, 2008
(Date)

2008 APR -3 AM 10:27
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TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Chamber of Medicine P.A.

2. The name and address of the registered agent and office is:

Aziz Imtiaz

Name

327 W. Cypress Street

(P.O. Box or Mail Drop Box NOT Acceptable)

Kissimmee, FL 34741

(City / State / Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the 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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.


Aziz Imtiaz
SIGNATUREApril 03, 2008
(Date)2008 APR -3 AM 10: 21
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