

PD8000037156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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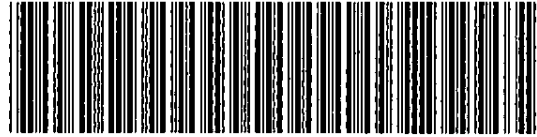
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 APR 11 PM 2:29

FILED



**ARTICLES OF INCORPORATION**

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

**FILED**  
08 APR 11 PM 2:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

Carlos M. Guerra M.D. P.A.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

1822 E. 4th Ave Suite B Hialeah, FL 33010

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To render medical services

**ARTICLE IV SHARES**

The number of shares of stock is:

1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Carlos M. Guerra M.D.  
1822 E. 4th Ave  
Suite B  
Hialeah, FL 33010  
Medical Doctor

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Carlos M. Guerra M.D.  
445 E. 32nd Street  
Hialeah, FL 33013

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Carlos M. Guerra M.D.  
1822 E. 4th Ave  
Suite B  
Hialeah, FL 33010

\*\*\*\*\*

*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

04/07/2008  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Incorporator

04/07/2008  
\_\_\_\_\_  
Date