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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Stefano Medical Clinic	
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	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
•	Merger File
	Art. of Amend. File
•	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
·	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
Signature	Vehicle Search
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ARTICLES OF INCORPORATION CRETARY DE STATE

OF

STEFANO MEDICAL CLINIC, INC

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

ARTICLE I: NAME

The name of the corporation is STEFANO MEDICAL CLINIC, INC

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 11734 N. Dale Mabry, Tampa, Florida 33618.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares having a par value of (\$1.00) per share.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **Dominic J. Baccarella**, Esq., 4144 N. Armenia Ave., Suite 220, Tampa, FL 33607.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Your Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL. 32301.

ARTICLE VI: OFFICERS & DIRECTORS

The name and address of the initial Officers and Directors of the corporation are:

Stephen Stefano, Chair/Pres., 11734 N. Dale Mabry, Tampa, Florida 33618

Josephine Hasson, Board/Secty/Treasurer, 11734 N. Dale Mabry, Tampa, Florida 33618

The undersigned has executed these Articles of Incorporation this 5th day of May 2008.

"Your Capital Connection, Inc. by, Weimar Lopez, Client Representative"

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the	corporation is:	
STEFANO MEDICAL (CLINIC, INC	ETAR N-5
2. The name and st office is:	reet address of the	registered agent and
***************************************	ella, Esq., 4144 N. A	rmenia Ave.,
Suite 220, Tampa,	FL 33607.	

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE THIS CERTIFICATE, I HEREBY ACCEPT THE DESIGNATED IN APPOINTMENT AS REGISTERED AGENT 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 BUTIES. AND I AM FAMILIAR WITH AND ACCEPT THE OBLICATIONS OF MY POSITION AS REGISTERED AGENT.