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SECRETARY OF STATE

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COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Jorge L. Serra MD, P.A. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$70.00 **☑** \$78.75 **\$78.75** \$87.50 Filing Fee Filing Fee Filing Fee, Filing Fee & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Jorge L Serra Name (Printed or typed) 8841 King Lear Ct Address Fort Myers, Florida 33908 City, State & Zip (239)415-4818 Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Jorge L. Serra MD, P.A.

ARTICLE II PRINCIPAL OFFICE

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

8841 King Lear Ct Fort Myers, FI 33908

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide health care.

The practice of mediane

ARTICLE IV SHARES

The number of shares of stock is: 100 at \$1.00 each

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ARTICLE VI REGISTERED AGENT

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

Jorge L. Serra 8841 King Lear Ct Fort Myers, Fl 33908

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Jorge L. Serra 8841 King Lear Ct Fort Myers, Fl 33908

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

Signature/Incorporator

Date 5/5/08

SEAFAR DE DE LOS

Date