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# Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CSH SERVICES, LLC

Account Number : 120070000160 Phone : (800)494-3124

Fax Number : (800)494-3124 Fax Number : (561)455-9885 SECRETARY OF STATE

## FLORIDA PROFIT/NON PROFIT CORPORATION

MELISSA VILARDEBO, MD, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	02
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#### 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:

MELISSA VILARDEBO, MD, P.A.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

907 SAGO PALM WAY APOLLO BEACH, FLORIDA 33572

APOLLO BEACH, FLORIDA 33572

ARTICLE III PURPOSE
The purpose for which the corporation is organized is a Medical Practice ARTICLE IV SHARES
The number of shares of stock is:

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

#### ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is/are:

PRESIDENT MELISSA VILARDEBO, MD 907 SAGO PALM WAY APOLLO BEACH, FLORIDA 33572

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PAGE 2 MELISSA VILARDEBO, MD, P.A.

#### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

MELISSA VILARDEBO, MD 907 SAGO PALM WAY APOLLO BEACH, FLORIDA 33572

### ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

MELISSA VILARDEBO, MD 907 SAGO PALM WAY APOLLO BEACH, FLORIDA 33572

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.

MEKISSA VILARDEBO, MD / Registered Agent

7-23-0

Date

MELISSA VILARDEBO, MD /Incorporator

Date

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