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FLORIDA PROFIT/NON PROFIT CORPORATION

MIGUEL I. RODRIGUEZ-MAY, MD, P.A.

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ARTICLES OF INCORPORATION
OF

The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation

ARTICLE I NAME

The name of the corporation shall be:

Miguel I. Rodriguez-May, MD, P.A.

ARTICLE II PRINCIPAL OFFICE

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

3970 W Flagler street suite 204
miami, FL, 33134

ARTICLE III PURPOSE

The purpose of this corporation shall be:

Medical office

ARTICLE IV CAPITAL STOCK

The number of shares of stock that this corporation is authorize to have outstanding is:

100

ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Miguel I. Rodriguez-May, MD
3970 W Flagler street suite 204
miami, FL, 33134 H09000199616

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ARTICLE VI BOARD OF DIRECTOR(S)

The name and address of the initial board of director(s) shall be:

Miguel I. Rodriguez-May, MD
Roberto Guerra

3970 W FLAGLER ST. SUITE 204
MIAMI, FL 33134

ARTICLE VII OFFICER(S)

The name, title and address of the officer(s) of this corporation shall be:

Miguel I. Rodriguez-May, MD President
Roberto Guerra VP

3970 W. FLAGLER ST. SUITE #204
MIAMI, FL, 33134

ARTICLE VIII INCORPORATOR(S)

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

Miguel I. Rodriguez-May, MD
Roberto Guerra

3970 W. FLAGLER ST. SUITE #204
MIAMI FL 33134

The undersigned has (have) executed these Articles of Incorporation this 9 day of
SEPT, 2009


Incorporator Signature

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FROM : LAZARUS

FAX NO. : 3052201440

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

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED 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 DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.


REGISTERED AGENT SIGNATURE

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