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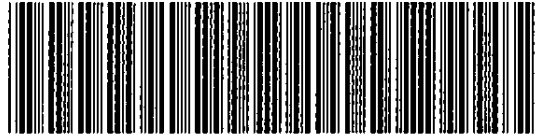
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 28, 2009

GIL EMMANUELO A MEJIA, MD
801 N. DALE MABRY BLDG. 101-A
TAMPA, FL 33615

SUBJECT: GIL EMMANUEL A. MEJIA, M.D., P.A.
Ref. Number: W09000043291

We have received your document for GIL EMMANUEL A. MEJIA, M.D., P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole
Regulatory Specialist II

Letter Number: 609A00031533

COVER LETTER

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

SUBJECT: GIL EMMANUEL A. MEJIA, M.D., 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
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: GIL EMMANUEL A MEJIA, MD
Name (Printed or typed)

8001 N DALE MABRY BLDG 101-A
Address

TAMPA, FL 33615
City, State & Zip

813-960-3436
Daytime Telephone number

gmd00001@tampabay.rr.com
E-mail address: (to be used for future annual report notification)

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

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

Please release the name, GIL EMMANUEL A. MEJIA, M.D., P.A (DOCUMENT NUMBER P99000092845), so it may be used by a new corporation to be formed with that exact name. The corporation mentioned above will not be reinstated under any circumstances.

Sincerely,

A handwritten signature in black ink, appearing to read 'Gil Mejia', with a small 'x' mark to its left.

Gil Emmanuel A. Mejia, MD
President

GIL EMMANUEL A. MEJIA, M.D., P.A.

ARTICLES OF INCORPORATION

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

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 TALLAHASSEE, FLORIDA

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ARTICLE I NAME

The name of the corporation shall be:

GIL EMMANUEL A. MEJIA, M.D., P.A.

ARTICLE II PRINCIPAL OFFICEThe principal street address and mailing address, if different is:

8001 N DALE MABRY BLDG 101-A
 TAMPA, FL 33615

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PHYSICIANS OFFICE

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

GIL EMMANUEL A MEJIA, MD
 8001 N DALE MABRY BLDG 101-A
 TAMPA, FL 33614

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

GIL EMMANUEL A MEJIA, MD
 8001 N DALE MABRY BLDG 101-A
 TAMPA, FL 33614

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

GIL EMMANUEL A MEJIA, MD
 8001 N DALE MABRY BLDG 101-A
 TAMPA, FL 33614

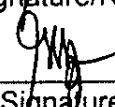
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



 Signature/Registered Agent

 9/11/09

 Date



 Signature/Incorporator

 9/11/09

 Date