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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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09 OCT 23 AM 10:35

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

10-30-09  
60-03-01  
209



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 26, 2009

EXPRESS CORPORATE FILING SERVICE, INC.

SUBJECT: LATORRE MEDICAL SERVICES MD PA INC  
Ref. Number: W09000047545

We have received your document for LATORRE MEDICAL SERVICES MD PA INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You cannot use a corporate suffix if you are filing a professional association.

The only acceptable words for designation as a professional association are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED.

Please return the corrected original and one copy of 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) 245-6995.

Wanda Cunningham  
Regulatory Specialist II  
New Filing Section

Letter Number: 009A00033936

ECFS

EXPRESS CORPORATE FILING SERVICE, INC  
1000 PONCE DE LEON BLVD., STE: 101  
CORAL GABLES, FL 33134  
PH: (305)444-4994 FAX: (305)444-4977

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. LATORRE MEDICAL SERVICES MD PA INC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF INCORPORATION  
OF  
LATORRE MEDICAL SERVICES MD PA**

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

**Article I - Name**

The name of the corporation shall be:

**LATORRE MEDICAL SERVICES MD PA**

**Article II - Principal Office**

The principal place of business shall be:

6850 CORAL WAY STE # 401  
MIAMI, FL 33155

**Article III - Shares**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ONE THOUSAND (1,000)

**Article IV - Purpose**

**The carry on and engage in the practice of Medicine**

**Article V - Initial Registered Agent and Street Address**

The name and address of the initial registered agent is:

AGUSTIN J. LATORRE MD  
6850 CORAL WAY STE # 401  
MIAMI, FL 33155

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Article VI – Incorporator(s)

The name(s) and street address (es) of the Incorporator(s) to these Articles of Incorporation is (are):

NAME	OFFICE	ADDRESS	SHARES
AGUSTIN J. LATORRE MD	PRESIDENT REG-AGENT	6850 CORAL WAY STE # 401 MIAMI, FL 33155	50%
MAGDALENA M. LATORRE	V-PRESIDENT SECRETARY	6850 CORAL WAY STE # 401 MIAMI, FL 33155	50%

Article VII Directors

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

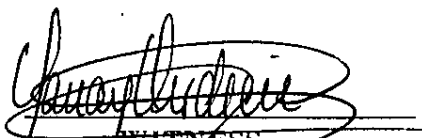
The same as Incorporators.

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this

2 day of October 2009

  
WITNESS:

  
AGUSTIN J. LATORRE MD

  
WITNESS:

  
MAGDALENA M. LATORRE

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

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statute, the undersigned 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: **LATORRE MEDICAL SERVICES  
MD PA**

2. The name and address of the registered agent and office is:

AGUSTIN J. LATORRE MD  
6850 CORAL WAY STE # 401  
MIAMI, FL 33155

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During been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

x   
AGUSTIN J. LATORRE MD