

Florida Department of State

Division of Corporations Public Access System

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FLORIDA PROFIT/NON PROFIT CORPORATION

BONITA SPRINGS MEDICAL GROUP, INC

Certificate of Status

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Estimated Charge \$78.75 RECEIVED NOV - 5 2009

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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:

BONITA SPRINGS MEDICAL GROUP, INC

ARTICLE II-PRINCIPAL OFFICE

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

9200 Bonita Beach Road Suite # 206 Bonita Springs, FL 34135

ARTICLE III- SHARES

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

100- \$5.00 Value

<u>ARTICLE IV – INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

The name and address of the initial registered agent is:

SONIA NAVARRO

9200 Bonita Beach Road Suite # 206 Bonita Springs, FL 34135

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ARTICLE V - INCORPORATOR

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

The name and street address of the incorporator to these Articles of Incorporation is

SONIA NAVARRO
9200 Bonita Beach Road Suite # 206
Bonita Springs, FL 34135

The undersigned incorporator has executed these Articles of Incorporation this November 5th, 2009

Signature

ARTICLE VI - DIRECTOR (S)

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

President: SONIA NAVARRO

9200 Bonita Beach Road Suite # 206 Bonita Springs, FL 34135

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/ REGISTERED OFFICE:

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related 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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