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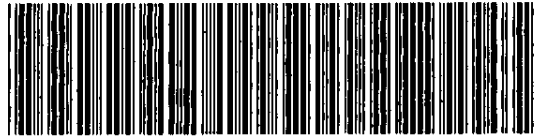
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: JACQUELINE E. BARRETT, 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: JACQUELINE E. BARRETT, M.D.

Name (Printed or typed)

174 N.E. 108TH STREET

Address

MIAMI SHORES, FL 33161-7038

City, State & Zip

(305) 213-1744

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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

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: JACQUELINE E. BARRETT, M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: 174 N.E. 108TH STREET
MIAMI SHORES, FL 33161-7038

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE MEDICAL SERVICES
TO THE PUBLIC.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JACQUELINE E. BARRETT, M.D. }
174 N.E. 108TH STREET } PRESIDENT, SECRETARY & TREASURER
MIAMI SHORES, FL 33161-7038 }

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

JACQUELINE E. BARRETT, M.D.
174 N.E. 108TH STREET
MIAMI SHORES, FL 33161-7038

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JACQUELINE E. BARRETT, M.D.
174 N.E. 108TH STREET
MIAMI SHORES, FL 33161-7038

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TALLAHASSEE, FLORIDA

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

Jacqueline E. Barrett MD
Signature/Registered Agent

Jacqueline E. Barrett MD
Signature/Incorporator

1/4/2010
Date

1/4/2010
Date