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2/9/2010 Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION
Gilbert Medida, P.A.

Certificate of Status	1
Certified Copy	0
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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Gilbert Medida, P.A.

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ARTICLE II PRINCIPAL OFFICE

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

Gilbert Medida, P.A.
11931 SW Knightsbridge Lane
Port St. Lucie, FL 34987-2729

ARTICLE III SHARES

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

100 SHARES at No Par Value

ARTICLE IV PURPOSE

The purpose for which this corporation is/are formed, are as follows:

To practice the profession of : **Physician Assistant**

Prepared By:
Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Gilbert Medida
11931 SW Knightsbridge Lane
Port St. Lucie, FL 34987-2729

ARTICLES VI INITIAL OFFICER(S)/DIRECTOR(S)

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

Gilbert Medida - President/Director
11931 SW Knightsbridge Lane
Port St. Lucie, FL 34987-2729

ARTICLES VII INCORPORATOR(S)

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

Gilbert Medida
11931 SW Knightsbridge Lane
Port St. Lucie, FL 34987-2729

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

8th day of **February** **2010.**

Gilbert Medida

Gilbert Medida
SIGNATURE

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **Gilbert Medida, P.A.**

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

Gilbert Medida
Name

11931 SW Knightsbridge Lane
(P.O. Box or Mail Drop Box NOT Acceptable)

Port St. Lucie, FL 34987-2729
(City / State / Zip)

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Having been named as registered agent and to accept service of process for the above stated corporation at the 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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

Gilbert Medida
Gilbert Medida
SIGNATURE

February 8, 2010
(Date)