

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES,  
Account Number : 075350000353  
Phone : (212) 431-5000  
Fax Number : (212) 431-1441

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
Steven S. Samii, MD, MPH, PA.

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Corporate Filing Menu

Help

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01-52-2

**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:

STEVEN S. SAMII, MD, MPH, P.A.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

700 ZEAGLER AVENUE, SUITE 1  
PALATKA, FL 32177

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY LAWFUL ACT OR ACTIVITY

**ARTICLE IV SHARES**

The number of shares of stock is:

1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

DIRECTOR- STEVEN S. SAMII, MD, MPH

**ARTICLE VI REGISTERED AGENT**

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

STEVEN S. SAMII, MD, MPH  
700 ZEAGLER AVENUE, SUITE 1  
PALATKA, FL 32177

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Annie De Las Nueces, c/o BLUMBERGEXCELSIOR, 62 WHITE STREET, NEW YORK, NY 10013

\*\*\*\*\*

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

X

  
\_\_\_\_\_  
Signature/Registered Agent

2-23-10  
Date

  
\_\_\_\_\_  
Signature/Incorporator

2-23-10  
Date

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