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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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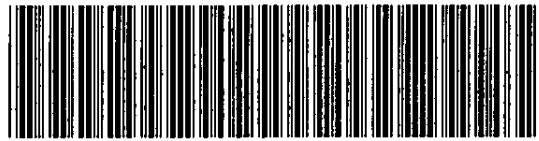
(Business Entity Name)

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APPROVED
AND
FILED

10 APR 29 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

141

COVER LETTER

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

SUBJECT: EDUARDO KOFMAN, M.D., P.A.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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EDUARDO KOFMAN, M.D., P.A.

Name (printed or typed)

12550 BISCAYNE BLVD. SUITE 600

Address

MIAMI, FL 33181

City, State & Zip

305-892-3101

Daytime Telephone Number

EKOFMAN@AOL.COM

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

CERTIFICATE OF DOMESTICATION

APPROVED
AND
FILED

The undersigned, Eduardo Kofman, President,
(Name) (Title)

of EDUARDO KOFMAN, M.D., P.A.
(Corporation Name)

10 APR 29 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
a foreign corporation

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was August 4, 2003.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Texas.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was EDUARDO KOFMAN, M.D., P.A..
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is EDUARDO KOFMAN, M.D., P.A..
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was TEXAS.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am President, of EDUARDO KOFMAN, M.D., P.A.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 26 day of April, 2010.


(Authorized Signature)

Filing Fee:	
Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

APPROVED
AND
FILED

10 APR 29 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

EDUARDO KOFMAN, MD, PA

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

12550 Biscayne Blvd. Suite 600
Miami, FL 33181

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED: The corporation is organized for the practice of medicine by one or more persons duly licensed to practice such professional services under the Laws of the State of Florida.

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS:

One thousand (1,000)

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Eduardo Kofman, 12550 Biscayne Blvd. Suite 600 Miami FL 33181
President, Secretary/Treasurer

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

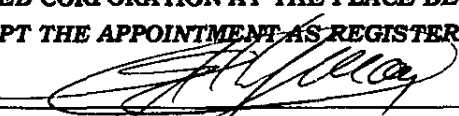
Eduardo Kofman, 12550 Biscayne Blvd. Suite 600 Miami FL 33181

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Sandra Suchin, 12550 Biscayne Blvd. Suite 600 Miami FL 33181

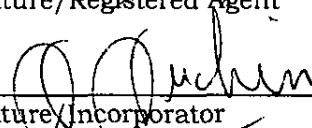
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.



Signature/Registered Agent

4/26/10

Date



Signature/Incorporator

4/26/10

Date