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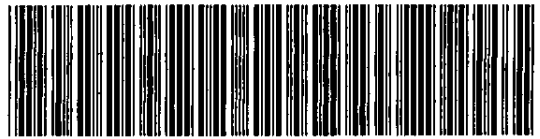
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2010 MAY 17 PM 3:28

630-  
W10000018195

5/18/10

## COVER LETTER

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

**SUBJECT:** Eduardo M Martinez, MD, PA

(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:** Edward Stahlin

Name (Printed or typed)

123 N Ashley #123

Address

Ann Arbor, MI 48104

City, State & Zip

(877) 281-6496

Daytime Telephone number

documents@directincorporation.com

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

2010 MAY 17 PM 3:28  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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



SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2010 MAY 17 PM 3:28

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 14, 2010

EDWARD STAHLIN  
123 N ASHLEY #123  
ANN ARBOR, MI 48104

SUBJECT: EDUARDO M. MARTINEZ, MD, PA  
Ref. Number: W10000018195

We have received your document for EDUARDO M. MARTINEZ, MD, PA and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 110A00009194

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TALLAHASSEE, FLORIDA

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FLORIDA  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2010 MAY 17 PM 3:28

### **ARTICLE I NAME**

The name of the corporation shall be:

Eduardo M Martinez, MD, PA

### **ARTICLE II PRINCIPAL OFFICE**

The principal ~~street~~ address and mailing address, if different is:

4302 Alton Road, Suite 930

Miami Beach FL 33140

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide quality management of vascular disease.

### **ARTICLE IV SHARES**

The number of shares of stock is:

100

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

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

Eduardo 4302 Alton Road ,Suite 930 , Miami Beach , FL 33140  
Martinez

### **ARTICLE VI REGISTERED AGENT**

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

Eduardo Martinez

4302 Alton Road, Suite 930

Miami Beach FL 33140

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Edward Stahlin

123 N Ashley, #123

Ann Arbor, MI 48104

\*\*\*\*\*  
*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*

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

4/1/2010

\_\_\_\_\_  
Date

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

4/1/2010

\_\_\_\_\_  
Date