

Division of Corporations **Electronic Filing Cover Sheet** 

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# FLORIDA PROFIT/NON PROFIT CORPORATION LYSETTE IGLESIAS M.D. P.A.

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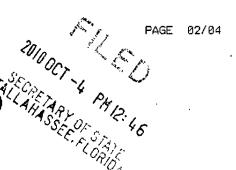
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H 1 0 0 0 0 2 1 82 4 ARTICLES OF INCORPORATION OF

The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation

#### ARTICLE I NAME

The name of the corporation shall be:

Lysette Iglesias M.D. P.A.

#### ARTICLE II PRINCIPAL OFFICE

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

16425 Collins Ave #1712 Sunny Isles Beach, fl 33140.

#### ARTICLE III PURPOSE

The purpose of this corporation shall be:

Medical office.

#### ARTICLE IV CAPITAL STOCK

The number of shares of stock that this corporation is authorize to have outstanding is:

100

#### ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Lysette Iglesias 16425, Collins Ave # 1712 Svnny Isles Beach, Pl 33160

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#### ARTICLE VI BOARD OF DIRECTOR (S)

The name and address of the initial board of director(s) shall be:

### ARTICLE VII OFFICER (S)

The name, title and address of the officer(s) of this corporation shall be:

Lysette Iglesias M.D President 16425: Collins the # 1712 Sunny Isles Beach, FL 33160

## ARTICLE VIII INCORPORATOR (S)

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

Lysette Iglesias 16425 Collins Are # 1712 Surry Isles Beach, Fl 33160

The undersigned has (have) executed these Articles of Incorporation this 4 day of OCTOLER, 20 0.

Incorporator Signature

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\*\*ECRETARY OF STATE ORIGINAL LAHASSEE, FLORIDA.\*\*

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERD OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

> GENT SIGNATURE REGISTER