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## FLORIDA PROFIT/NON PROFIT CORPORATION MARIA E. CARPIO, MD, PA

Certificate of Status

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1

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04

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Corporate Filing Menu

LAZARUS

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# ARTICLES OF INCORPORATION OF

11 JAN -4 PH 12: 41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

#### ARTICLE I NAME

The name of the corporation shall be:

Maria E. Carpio, MD, PA

#### ARTICLE II PRINCIPAL OFFICE

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

10331 SW 103 ter. Miami FL 33176

#### ARTICLE III PURPOSE

The purpose of this corporation shall be:

Medical Practice

#### 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: "

Maria & Carpio 10331 SW 103 ter Miami FL 33176

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SECRETARY OF STATE TALLAHASSEE FLORIDA

# H10000002808

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

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

Maria E. Carpio 10331 SW 103 terr. Miane FL 33176

#### ARTICLE VII OFFICER (S)

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

Maria E. Capid 10331 SW 103 terr. Miani FL 33176

### ARTICLE VIII INCORPORATOR (S)

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

Maria E. Carpiu 10331 SW 103 terr. Miani FL 33/76

The undersigned has (have) executed these Articles of Incorporation this \_\_\_\_\_ day of

H10000002808

SECRETARY OF STATE TALLAHASSEE 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.

REGISTERED AGENT SIGNATURE