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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
ABDON S BORGES MD MEDICAL OFFICES PA**

Certificate of Status	0
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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: *Abdon S BORGES MD
Medical Offices PA*

ARTICLE II PRINCIPAL OFFICE

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

*8300 SW 8 St suite 105
Miami FL 33144*

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:

*Maria Elena BORGES
8300 SW 8 ST. SUITE 105
Miami FL 33144*

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ARTICLE VI BOARD OF DIRECTOR (S)

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

Abdon S. BORGES
8300 SW 8 ST. SUITE 105
Miami FL 33144

ARTICLE VII OFFICER (S)

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

Abdon S. BORGES (P)
Maria Elena BORGES (S)

ARTICLE VIII INCORPORATOR (S)

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

Abdon S. BORGES
Maria Elena BORGES
8300 SW 8 ST. SUITE 105
Miami FL 33144

The undersigned has (have) executed these Articles of Incorporation this 7 day of
January, 20 11.


Incorporator Signature

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TALLAHASSEE FLORIDA

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**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

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