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Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
A. OCAMPO MD PA**

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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H 1 1 0 0 0 0 2 9 5 7 6
ARTICLES OF INCORPORATION
OF

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, hereby adopt(s) the following Articles of Incorporation

ARTICLE I NAME

The name of the corporation shall be:

A. OCAMPO MD PA

ARTICLE II PRINCIPAL OFFICE

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

5961 SW 81 ST
MIAMI FL 33143

ARTICLE III PURPOSE

The purpose of this corporation shall be:

MEDICAL SERVICES

ARTICLE IV CAPITAL STOCK

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

ONE HUNDRED

ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

ALVARO OCAMPO
5961 SW 81 ST
MIAMI FL 33143

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ARTICLE VI BOARD OF DIRECTOR (S)

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

ALVARO OCAMPO
5961 SW 81 ST
MIAMI FL 33143

ARTICLE VII OFFICER (S)

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

ALVARO OCAMPO MD
MEDICAL DIRECTOR
5961 SW 81 ST
MIAMI FL 33143

ARTICLE VIII INCORPORATOR (S)

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

ALVARO OCAMPO
5961 SW 81 ST
MIAMI FL 33143

The undersigned has (have) executed these Articles of Incorporation this 2 day of FEBRUARY, 2011.
Incorporator Signature

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICESECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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