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**Florida Department of State
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**FLORIDA PROFIT/NON PROFIT CORPORATION
YANISA DEL TORO, M.D., P.A.**

Certificate of Status	0
Certified Copy	1
Page Count	02
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ARTICLES OF INCORPORATION

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

ARTICLE I NAME Yanisa Del Toro, M.D., P.A.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
3418 NE 210 Lane
Aventura, Florida 33180

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and lawful business; corporate purpose is to provide professional medical services.

ARTICLE IV SHARES

The number of shares of stock is: The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Yanisa Del Toro, MD, President Name and Title: n/a
Address: Address:

3418 NE 210 Lane
Aventura, FL 33180

Name and Title: n/a Name and Title: n/a
Address: Address:

Name and Title: n/a Name and Title: n/a
Address: Address:

ARTICLE VI REGISTERED AGENT

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

Name: Yanisa Del Toro, MD
Address: 3418 NE 210 Lane
Aventura, FL 33180

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Yanisa Del Toro, MD
Address: 3418 NE 210 Lane
Aventura, FL 33180

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


Required Signature/Registered Agent

2/24/11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

2/24/11
Date

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