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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**Kidsville Pediatrics VII, P.A. After Hours Walk-In C**

Certificate of Status	0
Certified Copy	0
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## **ARTICLES OF INCORPORATION**

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

### **ARTICLE I NAME**

The name of the corporation shall be:

KIDSVILLE PEDIATRICS VII, P.A. AFTER HOURS WALK-IN CLINIC

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business is:

2201 NORTH BOULEVARD W  
DAVENPORT, FLORIDA 33837

The mailing address is:

PO BOX 452223  
KISSIMMEE, FLORIDA 34745

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is to render the professional service of medicine and to engage in any activity or business permitted under the laws of the State of Florida.

### **ARTICLE IV SHARES**

The number of shares of stock is:

100 COMMON SHARES NO PAR VALUE

### **ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)**

The name(s), address(es), and title(s) of the directors and officers is/are:

PRESIDENT

VICTOR M PANTOJA JR

PO BOX 452223

KISSIMMEE, FLORIDA 34745

CEO

FRANCELIS I GONZALEZ

PO BOX 452223

KISSIMMEE, FLORIDA 34745

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KIDSVILLE PEDIATRICS VII, P.A. AFTER HOURS WALK-IN CLINIC

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

VICTOR M PANTOJA JR  
2201 NORTH BOULEVARD W  
DAVENPORT, FLORIDA 33837

**ARTICLE VII INCORPORATOR**

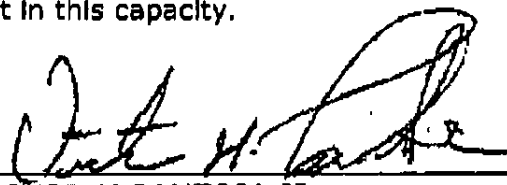
The name and street address of the incorporator is:

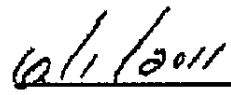
VICTOR M PANTOJA JR  
PO BOX 452223  
KISSIMMEE, FLORIDA 34745

**ARTICLE VIII FEI/EIN NUMBER**

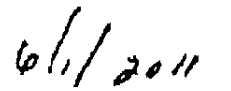
45-2389939

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.

  
VICTOR M PANTOJA JR /Registered Agent

  
Date

  
VICTOR M PANTOJA JR /Incorporator

  
Date

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