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Florida Department of State
Division of Corporations
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To: Division of Corporations
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DIVISION OF CORPORATIONS

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
ADOLFO ALVINO, M.D., P.A.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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Help

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:

ADOLFO ALVINO, M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

495 BRICKELL AVENUE, APT. 2111
MIAMI, FL 33131

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDE MEDICAL SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

1000 @ NO PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ADOLFO ALVINO
495 BRICKELL AVENUE, APT. 2111
MIAMI, FL 33131
PRESIDENT

ARTICLE VI REGISTERED AGENT

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

ADOLFO ALVINO
495 BRICKELL AVENUE, APT. 2111
MIAMI, FL 33131

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ADOLFO ALVINO
495 BRICKELL AVENUE, APT. 2111
MIAMI, FL 33131

~~~~~  
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

\_\_\_\_\_  
Signature/Registered Agent

\_\_\_\_\_  
Signature/Incorporator

6/17/11  
\_\_\_\_\_  
Date

6/17/11  
\_\_\_\_\_  
Date