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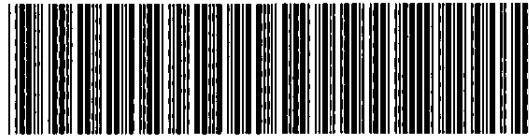
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W11000039016

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MICHELLE MINA, M.D., P.A.

Signature _____

Requested by: SETH

Name _____

07/26/11 11:00

Date

Time

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173 Ponce de Leon Ave., Tallahassee, FL 32301

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 26, 2011

CAPITAL CONNECTION

SUBJECT: MICHELLE MINA, M.D., P.A.
Ref. Number: W11000039016

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for MICHELLE MINA, M.D., P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Jessica A Fason
Regulatory Specialist II

Letter Number: 211A00017564

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

MICHELLE MINA, M.D., P.A.

The undersigned incorporator, for the purpose of forming a corporation pursuant to the laws of the State of Florida, hereby signs and adopts the following Articles of Incorporation.

ARTICLE I - NAME

The name of the Corporation shall be:

MICHELLE MINA, M.D., P.A.

ARTICLE II - EXISTENCE

The existence of the Corporation shall commence upon the filing of these Articles of Incorporation by and with the Department of State and shall be perpetual.

ARTICLE III - PRINCIPAL OFFICE

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

MICHELLE MINA, M.D., P.A.

6200 NW 2nd Avenue, #317

Boca Raton, FL 33487

ARTICLE IV - PURPOSES

Pursuant to The Professional Service Corporation and Limited Liability Company Act, Chapter 621 of the Florida Statutes, the Corporation may render personal services as a physician and engage in the provision of medical services as permitted by said Chapter through its member, a physician duly licensed by the State of Florida licensing agency for physicians.

ARTICLE V - SHARES

The maximum number of shares which the Corporation shall have the authority to issue shall be 1000 shares of common stock with a par value of \$1.00 per share.

ARTICLE VI - INITIAL REGISTERED AGENT AND OFFICE

The name and address of the initial registered agent and office is:

MICHELLE MINA
MICHELLE MINA, M.D., P.A.
6200 NW 2nd Avenue, #317
Boca Raton, FL 33487

ARTICLE VII - BOARD OF DIRECTORS

The Corporation shall have one (1) director initially. The number of directors may be increased or decreased from time to time as provided in the Bylaws of the Corporation. The name and street address of the initial members of the first Board of Directors who shall hold office until their successors have been duly elected or appointed and have qualified is as follows:

Name

Address

MICHELLE MINA

6200 NW 2nd Avenue, #317
Boca Raton, FL 33487

ARTICLE VIII - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Name

Address

MICHELLE MINA

6200 NW 2nd Avenue, #317
Boca Raton, FL 33487

The undersigned incorporator states that the foregoing is true and has executed these Articles of Incorporation this 20th day of July, 2011.

MICHELLE MINA, Incorporator

By


MICHELLE MINA

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE
OF

MICHELLE MINA, M.D., P.A.

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA
STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS
OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE
OF FLORIDA.

1. The name of the corporation is:

MICHELLE MINA, M.D., P.A.

2. The name and address of the registered agent and office is:

MICHELLE MINA
MICHELLE MINA, M.D., P.A.
6200 NW 2nd Avenue, #317
Boca Raton, FL 33487

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DEPARTMENT OF REVENUE

Having been named as registered agent and to accept service of process for the above
stated corporation at the place designated in this certificate, I hereby accept the
appointment as registered agent 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.


MICHELLE MINA

July 20, 2011