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FLORIDA PROFIT/NON PROFIT CORPORATION
MANUEL VILLAVERDE MD PA

Certificate of Status	0
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H11000300364
ARTICLES OF INCORPORATION
OF

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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:

Manuel Villaverde MD PA

EFFECTIVE DATE: 01-01-12

ARTICLE II PRINCIPAL OFFICE

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

801 Brickell Key Blvd, Apt 3205
Miami, FL, 33131

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 authorized to have outstanding is:

100

ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

MANUEL VILLAVERDE
801 BRICKELL KEY BLVD Apt. 3205
Miami FL 33131

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ARTICLE VI BOARD OF DIRECTOR (S)

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

MANUEL VILLAVERDE
801 BRICKELL KEY BLVD APT. 3205
Miami FL 33131

ARTICLE VII OFFICER (S)

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

MANUEL VILLAVERDE (P)
801 BRICKELL KEY BLVD APT. 3205
Miami FL 33131

ARTICLE VIII INCORPORATOR (S)

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

MANUEL VILLAVERDE
801 BRICKELL KEY BLVD APT. 3205
Miami FL 33131

The undersigned has (have) executed these Articles of Incorporation this 23 day of December, 2011.


Incorporator Signature

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERD OFFICE**

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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