## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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### FLORIDA PROFIT/NON PROFIT CORPORATION ALBERTO MANZOR, MD PA

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Corporate Filing Menu

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1/11/2012

## H12000009179

## ARTICLES OF INCORPORATION OF

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:

ALBERTO MANZOR, MOPA

#### ARTICLE II PRINCIPAL OFFICE

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

2015 €W 125 ET MIAMI FL 33175

#### ARTICLE III PURPOSE

The purpose of this corporation shall be:

MEDICAL PRACTICE

#### ÁRTICLE IV CAPITAL STOCK

The number of shares of stock that this corporation is authorize to have outstanding is:

100

#### ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

ALBERTO MANZOR 2015 SW 125 CT Miami FL 33175

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#### ARTICLE VI BOARD OF DIRECTOR (S)

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

ALBERTU MANZOR 2015 SW 125 CT Miami FL 33175

#### ARTICLE VII OFFICER (S)

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

ALBERTO MANZOR (P) 2015 SW 125 CT Miami FL 33175

#### ARTICLE VIII INCORPORATOR (S)

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

ALBERTO MANZOR 2015 SW 125 CT Miami FL 33175

The undersigned has (have) executed these Articles of Incorporation this 1174 day of January , 20 12.

Incorporator Signature

# H12000009179

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

2012 JAN 1-1 AM III: 1.9
SECRETARY OF STATE