

MAR/01/2012 THU 01:58 PM

FAX No.

P. 001

Division of Corporations

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P12000021125

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
SCOTT M. GRAYNER, MD, P.A.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 MAR - 1 PM 4:52

12 MAR - 1 PM 1:16

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Electronic Filing Menu

Corporate Filing Menu

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FAX No.

P. 002

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: **Scott M. Grayner, MD, P.A.**

ARTICLE II PRINCIPAL OFFICE

Principal street address

1330 West Avenue, Unit 812
Miami Beach, FL 33139

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Healthcare Services
MEDICAL DOCTOR

ARTICLE IV SHARES

The number of shares of stock is: 100 Shares @ \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Scott Grayner P/S/D
Address: 1330 West Avenue, Unit 812
Miami Beach, FL 33139

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Scott Grayner
Address: 1330 West Avenue, Unit 812
Miami Beach, FL 33139

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Scott Grayner
Address: 1330 West Avenue, Unit 812
Miami Beach, FL 33139

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

Required Signature/Registered Agent

2/23/2012
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.133, F.S.

Required Signature/Incorporator

2/23/2012
Date