

2/27/2014

**P/4000018795**

Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : ALLSTATE MEDICAL CONSULTING, INC.  
Account Number : I20110000067  
Phone : (786) 362-0124  
Fax Number : (786) 558-4546

**\*\*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  
LEONARDO MARQUEZ PRACTICE INC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$70.00 |

ALLSTATE MEDICAL CONSULTING, INC.  
TALLAHASSEE, FLORIDA

14 FEB 27 PM 1:28

FILED

RECEIVED  
14 FEB 27 PM 2:57  
TALLAHASSEE, FLORIDA

*02/28/14*

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

The name of the corporation shall be: LEONARDO MARQUEZ PRACTICE INC

Principal street address

4872 NW 7 ST

MIAMI, FL 33126

Mailing address, if different is:

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: **ANY AND ALL LAWFUL BUSINESS**

The number of shares of stock is:

Name and Title: P MARQUEZ, LEONARDO

Address 4872 NW 7 ST

MIAMI, FL 33126

**Name and Title:**

**Address:**

**Name and Title:**

**Name and Title:**

Address

**Address:**

**Name and Title:**

**Name and Title:**

**Address**

**Address:**

14 FEB 27 PM 1:28

(cont)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_


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

Name: MARQUEZ, LEONARDO  
Address: 4872 NW 7 ST  
MIAMI, FL 33126


**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: MARQUEZ, LEONARDO  
Address: 4872 NW 7 ST  
MIAMI, FL 3126

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

 02-27-14  
Required Signature/Registered Agent 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.817.155, F.S.

 02-27-14  
Required Signature/Incorporator Date