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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION

MANUEL M LAM, M.D., PA

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$78.75

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

ARTICLE I NAME
The name of the corporation shall be: MANUEL M. LAM, MD., PA

ARTICLE II PRINCIPAL OFFICE

Principal street address: 4456 SW 163 PASSAGE, Miami FL 33185

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: MEDICAL PRACTICE

14 JUN 11 AM 11:33

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MANUEL M LAM, MD/PRESIDENT
Address: 4456 SW 163 PASSAGE, Miami FL 33185

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

H14000137490 (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: MANUEL M LAM, MD

Address: 4456 SW 163 PASSAGE

MIAMI FL 33185

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MANUEL M LAM, MD

Address: 4456 SW 163 PASSAGE

MIAMI FL 33185

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

X _____ 6/10/2014

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.

X _____ 6/10/2014

Required Signature/Incorporator Date