t as a cover sheet ype the fax a elow) on the top and bottom of all pages of the document.

(((H14000149980 3)))



H140001499603ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: 120000000019 Phone : (305) 552-5973

Fax Number : (305) 675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

8 Ö

# FLORIDA PROFIT/NON PROFIT CORPORATION OCTAVIO CARRENO, M.D., P.A.

Certificate of Status	0
Certified Copy	1
Page Count	 04
Estimated Charge	\$78.75

#### ARTICLES OF INCORPORATION

OF

# Octavio Carreno, M.D., P.A.

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:

Octavio Carreno, M.D., P.A.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business physical address of this corporation shall be:

7545 S.W. 64 Street Miami, FL 33143

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

7545 S.W. 64 Street Miami, FL 33143

#### ARTICLE UI PURPOSE

The purpose of this corporation shall be:

This corporation is organized for the purpose of providing medical services.

#### ARTICLE IV CAPITAL STOCK

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

100 shares at \$1.00 par value

TA JUN 23 AM II: 47

## ARTICLE VINITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Octavio Carreno, M.D. 7545 S.W. 64 Street Miami, FL 33143

# ARTICLE VI BOARD OF DIRECTOR (5)

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

Octavio Carreno, M.D. 7545 S.W. 64 Street Miami, FL 33143

## ARTICLE VII OFFICER (S)

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

Octavio Carreno, M.D. President/Secretary/Treasurer 7545 S.W. 64 Street Miami, FL 33143

#### ARTICLE VIII INCORPORATOR (S)

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

Octavio Carreno, M.D. 7545 S.W. 64 Street Miami, FL 33143

The undersigned has (have) executed these Articles of Incorporation this 12 day of

Incorporator Signature

3 Mil: 47

# 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 AGRLE 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

BINISION OF COMPASSION