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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
EDWARD LUCAS, MD PA**

Certificate of Status	0
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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:

EDWARD LUCAS, MD PA

ARTICLE II PRINCIPAL OFFICE

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

6505 NW 81st BLVD
GAINSVILLE, FL 32653

ARTICLE III PURPOSE

The purpose of this corporation shall be:

MEDICAL PRACTICE

ARTICLE IV CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: FIVE (500) HUNDRED SHARES ONE DOLLAR (1) PER VALUE COMMON STOCK

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

EDWARD LUCAS
6505 NW 81st BLVD
GAINSVILLE, FL 32653

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ARTICLE VI BOARD OF DIRECTOR(S)

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

EDWARD LUCAS
6505 NW 81st BLVD
GAINSVILLE, FL 32653

ARTICLE VII OFFICER(S)

The name(s) and street address(es) of the officer(s) of this corporation shall be:

EDWARD LUCAS (PRESIDENT & SECRETARY)
6505 NW 81st BLVD GAINSVILLE, FL 32653

ARTICLE VIII INCORPORATOR(S)

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

EDWARD LUCAS
6505 NW 81st BLVD
GAINSVILLE, FL 32653

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 29 day of OCTOBER 2014.


Incorporator Signature

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TOTAL P.004

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**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.

X 
REGISTERED AGENT SIGNATURE

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