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FLORIDA PROFIT/NON PROFIT CORPORATION

SHIVANI S. TRIPATHI, M.D., P.A.

Certificate of Status	0
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1/12/15

Articles of Incorporation
of
SHIVANI S. TRIPATHI, M.D., P.A.

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Article I. Name

The name of this Florida corporation is:
SHIVANI S. TRIPATHI, M.D., P.A.

Article II. Address

The mailing and physical address of the Corporation is:

SHIVANI S. TRIPATHI, M.D., P.A.
4502 HALLAMVIEW LANE
LAKELAND, FL 33813

Article III. Capital Stock

The Corporation shall have the authority to issue 100 shares of
common stock, par value \$1.00 per share.

Article IV. Registered Agent

The name and address of the registered agent of the Corporation is:

SHIVANI S. TRIPATHI
4502 HALLAMVIEW LANE
LAKELAND, FL 33813

Article V. Board of Directors

The affairs of the Corporation shall be managed by a Board of
Directors consisting of no less than one director. The number of directors may
be increased or decreased from time to time in accordance with the Bylaws of
the Corporation. The election of directors shall be done in accordance with the
Bylaws. The directors shall be protected from liability to the fullest extent
permitted by law. The name of each initial member of the Corporation's Board of
Directors are:

President - Shivani S. Tripathi - 4502 Hallamview Lane, Lakeland, FL 33813

Prepared by:

Lester Barreras, C.P.A., P.A. - 1987 N.W. 88 Ct., Ste. 201, Doral, FL 33172
(305)477-1988

Article VI.

The corporation shall have perpetual existence and may engage in any and all business permitted under the laws of the State of Florida and the United States.

Article VII. Incorporator

The name and address of the incorporator is:

SHIVANI S. TRIPATHI
4502 HALLAMVIEW LANE
LAKELAND, FL 33813

Article VIII. Corporate Existence

The corporate existence of the Corporation shall be effective upon filing.

Article IX. Purpose of Corporation

The purpose of the corporation is to exist as a medical practitioner.

The authorized representative of the incorporator executed the Articles of Incorporation on the _____ day of _____ of 20 _____.

By: 

SHIVANI S. TRIPATHI

President

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

**CORPORATION:
SHIVANI S. TRIPATHI, M.D., P.A.**

**REGISTERED AGENT:
SHIVANI S. TRIPATHI
4502 HALLAMVIEW LANE
LAKELAND, FL 33813**

I agree to act as registered agent to accept service of process for the corporation named above at the place designated in this Certificate. I agree to comply with the provisions of all statutes relating to the proper and complete performance of the registered agent duties. I am familiar with and accept the obligations of the registered agent position.

By: X
SHIVANI S. TRIPATHI
Registered Agent

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