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FLORIDA PROFIT/NON PROFIT CORPORATION ROSABEL MARIA BENCOMO M.D P.A

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## H15000019166

## ARTICLES OF INCORPORATION

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

The name of the corporation shall be: ROSABEL MARIA BENCOMO M.D.	?.A
ARTICLE II PRINCIPAL OFFICE	
Principal street address Mailing address, if different is:	
6020 BIRD ROAD 6020 BIRD ROAD	
MIAMI FL 33155 MIAMI FL 33155	
<u> </u>	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
FAMILY PRACTICE MEDICAL OFFICE	
HE A	
SE SU I	
ARTICLE IV SHARES	
The number of shares of stock is: 100 See See See See See See See See See S	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
Name and Title: ROSABEL MARIA BENCOMO (PRESIDENT)	
1000 CT	
APT 315	
MIAMI FL 33143	
	_ : .
Name and Title: ANGEL E. PEREZ MIRANDA (VICE PRESIDE	NT/
Address (COOLSW 70 ST Address:	K-4.)
APT 315	
MIAMI FL 33143	
MINITE 39143	
Name and Title:Name and Title:	
Address: Address:	
<u></u>	

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## H15000019166

Name and	Title: Name and Title:
Address	Address:
RTICLE VI	REGISTERED AGENT
uc unius suo e io	prida street address (P.O. Box NOT acceptable) of the registered agent is:
Name:	KOSABEL MARIA BENCOMO
Address:	6020 BIRD KOAD
	MIAMI FL 33155
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
ARTICLE VII	INCORPORATOR
he <u>name and ad</u>	dress of the Incorporator is:
Name:	ANGEL E. PEREZ MIRANDA
Address:	(0020 BIRD ROAD
	MIAMI FL 33155
Having been nan his certifica <u>te,</u> 1 a	ned as registered agent to accept service of process for the above stated corporation at the place designated in imfamiliar with and accept the appointment as registered agent and agree to act in this capacity
	200 com
	Required Signature/Registered Agent Date
submit this doctor	ument and affirm that the facts stated herein are true. I am aware that the false information submitted in a Appartment of State constitutes a third degree felony as provided for in s.817.155, F.S.
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	Required Signature/Incorporator Date
w	<b>v</b>