

Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
ROBERTO GUERRA MD, PA**

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

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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:

Roberto Guerra MD, PA

ARTICLE II PRINCIPAL OFFICE

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

*3565 SW 132 AVE
MIAMI, FL 33175*

ARTICLE III PURPOSE

The purpose of this corporation shall be:

Medical Services

ARTICLE IV CAPITAL STOCK

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

100

ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

*Roberto Guerra Del castillo
3565 SW 132 Ave
Miami, FL 33175*

FILED
15 JUL 31 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FL 32399

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ARTICLE VI BOARD OF DIRECTOR (S)

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

Roberto Guerra del Castillo
Marisol Alvarez Leon
3565 SW 132 Ave Miami FL
33175

ARTICLE VII OFFICER (S)

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

Roberto Guerra Del Castillo (P)
Marisol Alvarez Leon (VP)
3565 SW 132 Ave Miami FL
33175

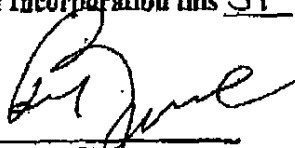
ARTICLE VIII INCORPORATOR (S)

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

Marisol Alvarez Leon
3565 SW 132 Ave Miami FL
33175

The undersigned has (have) executed these Articles of Incorporation this 31 day of

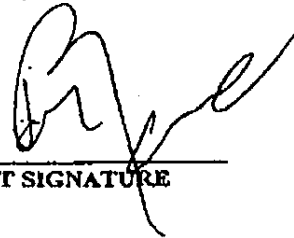
July, 2012.


Incorporator Signature

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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.



REGISTERED AGENT SIGNATURE