

H150002543813

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000254381 3)))



H150002543813ABC\$

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

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
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: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
DORAL PHYSICIANS & ASSOCIATES CORP.**

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

15 OCT 23 AM 7:02

15 OCT 23 AM 12:31
RECEIVED
FLORIDA
SECRETARY OF STATE

FILED

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

H15000254381

ARTICLE I NAME: The name of the corporation is:

Doral Physicians & Associates, Corp.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

1680 Michigan Ave
Miami FL 33136 #919

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Fermin Rojas (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Fermin Rojas
1680 Michigan Ave
Miami FL 33136 #919

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Fermin Rojas
1680 Michigan Ave
Miami FL 33136 #919

H15000254381

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

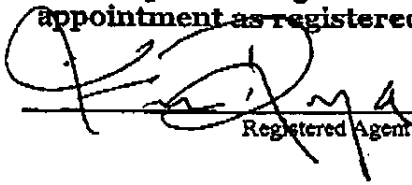
15 OCT 23 AM 12:31

FILED

H15000254381

Required Signatures:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

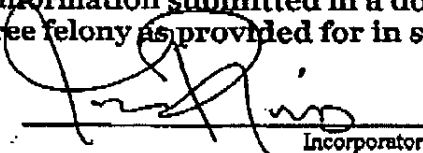


Registered Agent

10/23/15

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Incorporator

10/23/15

Date

H15000254381