

P/7000013624

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
DR MANUEL A FERNANDEZ, PA

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
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| Estimated Charge | \$78.75 |

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02/14/17

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H17000041954

2/13/17

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of Dr Manuel A fernandez, PA of Doc # P15000081838 are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Very Sincerely,

NIURKA ALMEIDA

H17000041954

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

H17000041954

ARTICLE I NAME

The name of the corporation shall be:

DR MANUEL A FERNANDEZ, PA
EIN: 81-1164053**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

913 SW 87 ave.
Miami FL 33174SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MANUEL A FERNANDEZ-Gonzalez (PD)

Address:

913 SW 87 Ave
Miami FL 33174

Name and Title: NIURKA Almeida

Name and Title:

Address:

913 SW 87 ave
Miami FL 33174

Address:

Name and Title:

Name and Title:

Address:

Address:

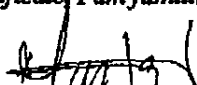
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ARTICLE VI REGISTERED AGENT

H17000041954

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: NIURKA ALMEIDA
Address: 913 SW 87 Ave
MIAMI FL 33174**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: NIURKA ALMEIDA
Address: 913 S.W. 87 Ave
MIAMI FL 33174FILED
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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



Required Signature/Registered Agent2/13/17

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.



Required Signature/Incorporator2/13/17

Date

H17000041954