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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
ORLANDO E. LEIVA, M.D., P.A.

Certificate of Status	0
Certified Copy	1
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FEB 07 2018

T. SCOTT

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: ORLANDO E. LEIVA,M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

14990 SW 43RD ST

MIAMI,FL 33185

Mailing address if different is:

P.O.BOX 522483

MIAMI,FL 33152-2483

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PHYSICIAN

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ORLANDO E. LEIVA

Address 14990 SW 43RD ST

MIAMI,FL 33185

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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Name and Title: ORLANDO E. LEIVA
PRESIDENT
Address: 14990 SW 43RD ST
MIAMI, FL 33152

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ORLANDO E. LEIVA

Address: 14990 SW 43RD ST
MIAMI, FL 33185

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ORLANDO E. LEIVA

Address: 14990 SW 43RD ST
MIAMI, FL 33185

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 Agent — 02/05/2018 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.

Required Signature/Incorporator — 02/05/2018 Date

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