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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 Phone : (800)221-2972 Fax Number : (888)692-9256

\*\*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 **BISHOY HANNA, MD, P.A.**

Certificate of Status	0
Certified Copy	0
Page Count	01
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## ARTICLES OF INCORPORATION

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

£-4-74 A ALLIY	<u> VCIPAL OFFICE</u>	
	Principal street address	Mailing address, if different is
PRESCOTT LA	NE	7517 PRESCOTT LANE
E WORTH, FL 3		LAKE WORTH, FL 33467
CLEIU PURF		
urpose for which	the corporation is organized is:	
onduct all activiti	ies set forth and permitted under and F	
· <del></del>		
CLE IV SHAR	· CC	
	#⊇ 100 PV 100	
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TLE V INITIA	AL OFFICERS AND/OR DIRECTOR	S.
TLE V INITIA	AIL OFFICERS AND/OR DIRECTOR BISHOY HANNA, Director	
TLE V INITIA	AI. OFFICERS AND/OR DIRECTOR BISHOY HANNA, Director  7517 PRESCOTT LANE	S Name and Title:
The V INITIAL Name and Title	AL OFFICERS AND/OR DIRECTOR  BISHOY HANNA, Director  7517 PRESCOTT LANE	S.
The V INITIAL Name and Title	AI. OFFICERS AND/OR DIRECTOR BISHOY HANNA, Director  7517 PRESCOTT LANE	Name and Title:Address:
The V INITIAL Name and Title	AL OFFICERS AND/OR DIRECTOR  BISHOY HANNA, Director  7517 PRESCOTT LANE	S Name and Title:
The V INITIAL Name and Title	AL OFFICERS AND/OR DIRECTOR BISHOY HANNA, Director 7517 PRESCOTT LANE LAKE WORTH, FL 33467	Name and Title:Address:
The V INITIAL Name and Title	AL OFFICERS AND/OR DIRECTOR  BISHOY HANNA, Director  7517 PRESCOTT LANE	Name and Title:Address:
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Name and Title:  Address  Name and Title:  Address	AI. OFFICERS AND/OR DIRECTOR BISHOY HANNA, Director 7517 PRESCOTT LANE LAKE WORTH, FL 33467	Name and Title:  Address:  Name and Title:
Name and Title:  Address  Name and Title:  Address	AI. OFFICERS AND/OR DIRECTOR  BISHOY HANNA, Director  7517 PRESCOTT LANE  LAKE WORTH, FL 33467	Name and Title:  Address:  Name and Title:  Address:
Name and Title:  Address  Name and Title:  Address	AI. OFFICERS AND/OR DIRECTOR BISHOY HANNA, Director 7517 PRESCOTT LANE LAKE WORTH, FL 33467	Name and Title:  Address:  Name and Title:  Address:

Name :	and Title:	Name and Title;
Addre	ss	Address:
ARTICLE VI	REGISTERED AGENT	
The name and	Florida street address (P.O. Box NOT accep	stable) of the registered agent is:
Name:	BISHOY HANNA	
Address:	7517 PRESCOTT LANE	
	LAKE WORTH, FL 33467	
ARTICLE VII	INCORPORATOR	
The name and a	eddress of the Incorporator is:	
Name:	BISHOY HANNA	
Address:	7517 PRESCOTT LANE	
	LAKE WORTH, FL 33467	
ARTICLE VIII	EFFECTIVE DATE:	
		. (OPTIONAL) cannot be more than five business days prior or 90 business
	: inserted in this block does not meet the appl ffective date on the Department of State's re-	licable statutory filing requirements, this date will not be listed as
ale document 3 c	need to the on the Department of State 3 to	witas.
Having been nan	ned as registered agent to accept service of p	process for the above stated corporation at the place designated in
this certificate, l	am familiar with and accept the appointment	s registered agent and agree to act in this capacity
1/2	2 - 10	63/10/2018
1 -	Required Signature/Registered Ages	nt Date
submit this doc	ument and affirm that the facts stated herei	in are true. I am aware that the false information submitted in a
locument to the L	Department of State constitutes a third degree	efflony as provided for in \$817.155, F.S.
		03/10/2018
Roquii	red Signature/Incorporator	Date