Florida Department of State Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION MEDGRAF SPECIALTY CLINIC INC.

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N. SAMS APR 23 2018

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

| The name of the cor | poration shall be: MEDG F | RAF SPECI | ALTU CLI | NIC In | \cap |
|--|---|-------------------|---------------------|----------------------------|------------|
| ARTICLE II PR | NNCIPAL OFFICE Principal street address | | | | ~ . |
| | | | Mailing address, if | dif fere nt is: | |
| 12055 PI | ne Needle Lr | <u>).</u> | | | - |
| Pinecre | ST FL 3315 | 26 | | | _ |
| ARTICLE III PUT The purpose for whi | RPOSE cb the corporation is organized is: _ | | | | - |
| Serve | the needs | Of the | | | |
| Patier | and pr | imary (| POST + | ranspl | <u> </u> |
| medic | | and (| -ure of | | ~ |
| , <u>1) </u> | <u>rally needy</u> | <u>ana or</u> | <u>rderserv</u> | red | _ |
| | $\overline{}$ | | | | _ |
| | | | | | |
| | | | <u> </u> | | _ |
| ARTICLE V SHA The number of shares ARTICLE V INIT Name and Ti Address | of stock is: | nors Needle | (P) | 18 APR 30 | · • |
| 1001039 | Phecrest F | L 33156 | | 3 | 774 |
| Name and Titl | <u> </u> | CHA Name and Titl | c; | | |
| Address | 4429 Alto Ve Las Vegas N | IN Address: | | | |
| | | (D/VP) | | | |
| Name and Title | JOHN VENEZI | Name and Title | e: | | |
| Address | 1705 Andra | S Isle Address: | | | |
| | #01 | | | | |
| | Coconut Cree | KEL | | | |
| | 330 | De | | | |

| Name and Title: | Name and Title: | |
|--|--|---|
| Address | A 4.2 | |
| | Address: | |
| | | |
| | | |
| Name and Title: | Name and Title: | |
| Address | | |
| | | |
| | | |
| | | |
| ARTICLE VI REGISTERED AGEN | r | |
| the transe and Florida street address (P.O. B | ox NOT acceptable) of the rangement | |
| Name: 4013 ACFOX | 150 ROCHA | |
| Address: 12055 Pin | e Needle Ln. | |
| | FL 33156 | |
| | | 18 |
| ARTICLE VII INCORPORATOR The name and address of the Incorporator is: | | APR |
| Name: Luis Alfous | ~ > | 8 30 2 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 |
| 1205 | re Needle La. | Tr (|
| Address: 12053 Pin | e needle Ln. | m; 2 11: |
| PINECIEST | FL 33156 | |
| Havino been named as accident | | ن ن ن ن ن ن ن ن ن ن ن ن ن ن ن ن ن ن ن |
| certificate, I am familion with good accept the app | ept service of process for the above stated corpo pointment as registered agent and agree to act in t | ration at the place designated in this |
| | | this capacity |
| Required Sensature of | Royaleted Apent | 4/18/18 |
| Submit this document and accept to | | Date |
| the Department of State constitutes a third deg | stated herein are true. I am aware that any false tree felony as provided for In s. 817.155, F.S. | information submitted in a document |
| L'UIS JOPEN | 11- | 4/10/0 |
| Required Signature | re of Incorporator | |
| 7 | | ar saute |