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OF

DAVID J. PRISCAL, M.D., P.A.

The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation

#### ARTICLE I NAME

The name of the corporation shall be:

DAVID J. PRISCAL, M.D., P.A.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business physical address of this corporation shall be:

7860 HAWTHORNE AVENUE MIAMI BEACH, FL 33141

The principal place of business mailing address of this corporation shall be:

7860 HAWTHORNE AVENUE MIAMI BEACH, FL 33141

#### ARTICLE III PURPOSE

The purpose of this corporation shall be:

This corporation is organized for the purpose of providing medical services.

### ARTICLE IV CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding is:

100 shares at \$1.00 par value

# ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

RAYMOND J. ZOMERFELD, CPA, CVA PRAGER METIS CPAS, LLC 999 PONCE DE LEON BLVD., SUITE 1045 CORAL GABLES, FL 33134

## ARTICLE VI BOARD OF DIRECTOR (S)

The name and address of the initial board of director(s) shall be:

DAVID J. PRISCAL 7860 HAWTHORNE AVENUE MIAMI BEACH, FL 33141

### ARTICLE VII OFFICER (S)

The name, title and address of the officer(s) of this corporation shall be:

DAVID J. PRISCAL
PRESIDENT/VICE-PRESIDENT/SECRETARY/TREASURER
7860 HAWTHORNE AVENUE
MIAMI BEACH, FL 33141

### ARTICLE VIII INCORPORATOR (S)

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

DAVID J. PRISCAL 7860 HAWTHORNE AVENUE MIAMI BEACH, FL 33141

The undersigned has (have) executed these Articles of Incorporation this 14day of Creene, 2018.

promorbingsignous

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERD OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

RECISTERED AGENT SIGNATURE