8/12/2019

Division of Corporations

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To:

Division of Corporations

Fax Number

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone Fax Number : (954)208-0845

**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 MEDICI MEDICAL GROUP, P.A.

Certificate of Status	0
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ARTICLES OF INCORPORATION OF MEDICI MEDICAL GROUP, P.A.

The undersigned, acting as incorporator of a professional service corporation being formed under the Professional Service Corporation and Limited Liability Company Act. Chapter 621, Florida Statutes, and the Florida Business Corporation Act, Chapter 607, Florida Statutes, adopts the following articles of incorporation:

ARTICLE I Name

The name of the corporation is Medici Medical Group, P.A. (the "Corporation").

ARTICLE II Principal Office and Mailing Address

The Corporation's mailing address and principal plage of business are;

7500 Rialto Boulevard, Building 2 Suite 150 Austin, Texas 78735

ARTICLE III Nature of Business

The purpose of the Corporation is to engage in the profession of medicine through its duly licensed officers, employees, and agents, perform all activities appropriate to the rendition of such services and own property and invest its funds as authorized by applicable Florida law.

ARTICLE IV Capital Stock

The Corporation shall have authority to issue One Thousand (1,000) common shares with a par value of \$.01 per share.

ARTICLE V Initial Registered Agent and Office

The sireet address of the Corporation's initial registered office is 1200 South Pine Island Road, Plantation, Florida 33324, and the name of the Corporation's initial registered agent at that address is CT Corporation System.

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ARTICLE VI Incorporator

The name and address of the incorporator are:

Name

<u>Address</u>

Coburn H. Allen, M.D.

7500 Righto Boulevard Building 2, Suite 150 Austin, Texas 78735

I submit this document and affirm that the facts stated herein are true. I um aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided in s.817.155, P.S.

Dated this 12th day of September, 2019.

Cohum thulins Allen

Incorporator

ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent to accept service of process for the above stated Corporation at the place designated herein, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

CT CORPORATION SYSTEM

Dated this 12th day of September, 2019.

Print Name:

ANN J. WILLIAMS
Special Assistant Secretary