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**FLORIDA PROFIT/NON PROFIT CORPORATION  
DERRICK A DUPRE, MD FAANS, P.A.**

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**ARTICLES OF INCORPORATION****FOR****DERRICK A DUPRÉ, MD FAANS, P.A.**

The undersigned, acting as Incorporator of the above referenced professional association under the Professional Service Corporation and Limited Liability Company Act and the Florida Business Corporation Act, adopts the following Articles of Incorporation:

**ARTICLE I.  
NAME**

The name of the Professional Association shall be DERRICK A DUPRÉ, MD FAANS, P.A.

**ARTICLE II.  
ADDRESS; PRINCIPAL OFFICE**

The initial mailing address of the Professional Association and the initial street address of its principal office shall be 10701 LAUREL VISTA WAY, TAMPA, FL 33647.

**ARTICLE III.  
SPECIFIC PURPOSE**

The specific purpose of the Professional Association is the practice of medicine.

**ARTICLE IV.  
SHARES OF STOCK**

The number of shares that the Professional Association is initially authorized to issue is 100.

**ARTICLE V.  
OFFICERS & DIRECTORS**

The initial officer(s) and/or director(s) of the Professional Association shall be:

PRESIDENT  
DERRICK A. DUPRÉ, MD  
10701 LAUREL VISTA WAY  
TAMPA, FL 33647

**ARTICLE VI.  
INITIAL REGISTERED OFFICE AND REGISTERED AGENT**

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The address of the initial registered office of the Professional Association is 10701 LAUREL VISTA WAY, TAMPA, FL 33647 and the name of its initial registered agent at such address is DERRICK A. DUPRÉ, MD.

**ARTICLE VII.  
INCORPORATOR**


The name and address of the Professional Association's Incorporator is:

DERRICK A. DUPRÉ, MD  
10701 LAUREL VISTA WAY  
TAMPA, FL 33647

**ARTICLE VIII.  
DURATION; EFFECTIVE DATE**

The Professional Association shall exist perpetually, with an effective date commencing as of the date on which these Articles of Incorporation are filed with the Division of Corporations, State of Florida.

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation on June 30, 2021.

  
\_\_\_\_\_  
DERRICK A. DUPRÉ, MD

**ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT  
ACKNOWLEDGMENT OF REGISTERED AGENT**

Having been named as registered agent and to accept service of process for DERRICK A. DUPRÉ, MD FAANS, P.A. at the place designated in this certificate, I hereby accept the appointment as registered agent 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 as provided for in Chapter 607, Florida Statutes.

DATED this 30 day of June, 2021.

  
\_\_\_\_\_  
DERRICK A. DUPRÉ, MD