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Division of Corporations

Florida Department of State

Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION
TARYN DUBIN, MD, P.A.

Certificate of Status	0
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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: TARYN DUBIN, MD, P.A.**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address7300 SW 62nd PL PH-WEST 5th FLOOR
SOUTH MIAMI, FL 33143

Mailing address, if different is:

4171 WOODRIDGE RD
MIAMI, FL 33133**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: NATURE OF BUINESS IS PRACTICE AS A PEDIATRIC PHYSICIAN**ARTICLE IV SHARES**The number of shares of stock is: SHARES: 100 @ \$1.00**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: TARYN L. DUBIN - P

Name and Title: _____

Address 7300 SW 62nd PL

Address: _____

PH-WEST 5th FLOORSOUTH MIAMI, FL 33143Name and Title: JACOB C. DUBIN - VP

Name and Title: _____

Address 4171 WOODRIDGE RD

Address: _____

MIAMI, FL 33133

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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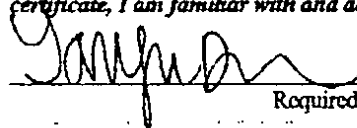
F-100

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: TARYN DUBINAddress: 7300 SW 62nd PL PH-WEST 5th FLOORSOUTH MIAMI, FL 33143**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: TARYN DUBINAddress: 7300 SW 62nd PL PH-WEST 5th FLOORSOUTH MIAMI, FL 33143**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 01/01/2022 (OPTIONAL)

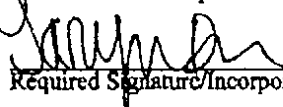
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

Required Signature/Registered Agent

12/20/21

Date

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

Required Signature/Incorporator

12/20/21

Date

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TALLAHASSEE, FL