

Florida Department of State

Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION
DR. ABELARDO BROCETA MARTINEZ M.D P.A.

Certificate of Status	0
Certified Copy	1
Page Count	03
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 TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

EFFECTIVE 1/1/2023

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

ARTICLE I NAME

The name of the corporation shall be:

Dr. Abelardo Broceta Martinez M.D

P.A

ARTICLE II PRINCIPAL OFFICE

Principal street address

8880 sw 8th st

Miami Fl 33144

Mailing address, if different is:

8880 sw 8th st

Miami Fl 33144

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Health Services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr Abelardo Broceta Martinez (P) Name and Title:

Address 8880 sw 8th st

Address:

Maimi Fl 33144

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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(cont.)

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: DR ABELARDO BROCETA MARTINEZ

Address: 8880 SW 8TH ST
MLAMI FL 33144

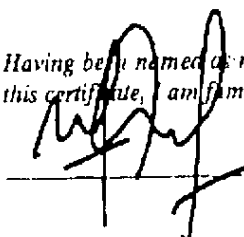
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DR ABELARDO BROCETA MARTINEZ

Address: 8880 SW 8TH ST
MLAMI FL 33144

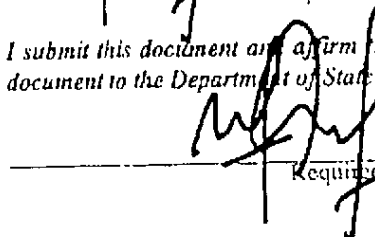
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

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

Date