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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 · Tallahassee, Florida 32301 (850) 224-8870 · 1-800-342-8062 · Fax (850) 222-1222

UNG DISEASI	E SPECIALISTS CORP	
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hank you Seth N	Neeley	
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		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
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ARTICLES OF INCORPORATION

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

ARTICLEI NAME The name of the corporation shall be: LUNG DISEASE SPECIALISTS CORP ARTICLE II PRINCIPAL OFFICE Principal street address Mailing address, if different is: 4445 ALTON RD 2121 PONCE DE LEON BLVD., STE 1050 MIAMI BEACH, FL 33140 CORAL GABLES, FL 33134 ARTICLE III PURPOSE The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS ARTICLE IV SHARES The number of shares of stock is: 100 SHARES ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: David Romero-Fischmann - PSD_____Name and Title: <u>Anastasia Ivanova - VP</u> 4445 ALTON RD Address: Address 4445 ALTON RD MIANI BEACH, FL 33140 MIAMI BEACH, FL 33140 Name and Title:______Name and Title:_____ Address ______ Address: Name and Title:______Name and Title:_____ Address ______ Address:

Name and Title:		Name and Title:	
Addres	s	Address:	<u> </u>
ARTICLE VI The name and F	REGISTERED AGENT forida street address (P.O. Box NOT acceptable) of	of the registered agent is:	
Name:	Consulting Services of South Florida Inc.	_	
Address:	2121 PONCE DE LEON BLVD., STE. 1050	_	
	CORAL GABLES, Ft. 33134	 -	
ARTICLE VII	<u>INCORPORATOR</u>		
The name and as	ddress of the Incorporator is:		
Name:	Antonio Garcia	_	
Address:	2121 Ponce de Leon Blyd., Ste. 1050	_	
	CORAL GABLES, FL 33134		
Effective date, if	EFFECTIVE DATE: other than the date of filing: late is listed, the date must be specific and cann	(OPTIONAL) not be more than five days prior	or 90 days after the
Note: If the date the document's e	inserted in this block does not meet the applicable ffective date on the Department of State's records	e statutory filing requirements, this	s date will not be listed as
Having been nam certificate, I am fa	ned as registered deent to accept service of process funiliar with and necept the appointment as register	for the above stated corporation at a ed agent and agree to act in this ca	the place designated in this pacity
	the Jan		11-17-2023
Founds States F	Required Signature/Registered Agent		Date
document to the	ument and affirm that the facts stated herein are Department of State constitutes a third legree feld !	true. I am aware that the false in one as provided for in \$.817.155, F	iformation submitted in a AS.
D : 10	FV17/		1-17-2023
Required Signatu	re/incorporator	Date	