

P240000000140

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(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

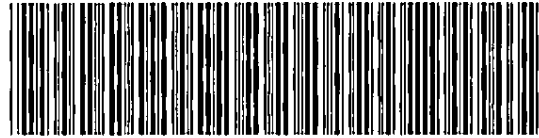
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**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

70

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: BROOK 12/28

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INC

1. **ALEX MEILAN LAM M.D., P.A.**

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

FILED
2023 DEC 28 PM 4:43
STATE
TALLAHASSEE, FL

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

ARTICLE I NAME

The name of the corporation shall be: ALEX MEILAN LAM M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

160 S FLAMINGO RD,
PEMBROKE PINES, FL 33027

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

TO ENGAGE IN THE PRACTICE OF MEDICINE.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALEX M. LAM, PRESIDENT

Name and Title: _____

Address 160 S FLAMINGO RD,
PEMBROKE PINES, FL 33027

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: JOEL FRIEND AND ASSOCIATES, INC.

Address: 2863 EXECUTIVE PARK DRIVE, SUITE 105
WESTON, FL 33331

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOEL FRIEND AND ASSOCIATES, INC.

Address: 2863 EXECUTIVE PARK DRIVE, SUITE 105
WESTON, FL 33331

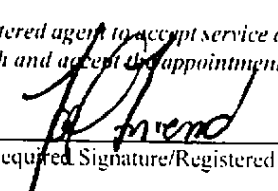
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/01/2024 (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

12/27/2023
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.

 Friend, Incorporator
Required Signature/Incorporator

12/27/2023
Date