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COVER LETTER

Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:

HARLINGEN GASTROENTEROLOGY P. A.

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES:

Certificate of Domestication \$ 50.00

Articles of Incorporation and Certified Copy \$ 78.75

Total filing fee \$128.75

OPTIONAL:

Certificate of Status \$ 8.75

From: Oral C. James, M.D.

Name (printed or typed)

1935 Grove Court

Address

Kissimmee, FL 34746

City, State & Zip

956-3570950

Daytime Telephone Number

oralj60.oj@gmail.com

E-mail address: (to be used for future annual report notification)

Articles of Domestication Foreign Corporation Domesticating to Florida

The undersigned. Oral C. James, M.D.	ral C. James, M.D. President		
(Name)	(Title)		
of Harlingen Gastroenterology P.	A, a foreign		
corporation, in accordance with s. 607.11922, Florida	Statutes, submit these Articles of		
Domestication.			
1. Then name of the domesticating corporation	s Harlingen Gastroenterology P. A.		
	(Foreign Corporation)		
2. The jurisdiction and date of its formation is	exas, 08/19/2002		
3. The name of the domesticated corporation is			
4. The jurisdiction of formation of the domestica	ted corporation is Florida		
The domestication corporation is a foreign cor approved in accordance with its organic law.	poration and the domestication was		
6. Attached are Florida Articles of Incorporation requirements pursuant to s.607.0202, F.S.	to complete the domestication		
l certify I am authorized to sign these Articles of Domo	estication on behalf of the corporation.		
)		
/ (Authoriz	ed Signature)		

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME		
THE NAME OF THE CORPORATION SHALL	BE:	
Hartingen Gastroenterology P. A.		یہ
		2024 JAW 1
ARTICLE II PRINCIPAL OFF		
THE PRINCIPAL PLACE OF BUSINESS/MAIL	ING ADDRESS IS:	
Principal Address	Mailing Address	
1935 Grove Court	1935 Grove Court	
Kissimmee, FL 34746	Kissimmee, FL 34746	
		
ARTICLE III PURPOSE		
THE PURPOSE FOR WHICH THE CORPORA	ATION IS ORGANIZED:	
The professional association is organized		e of medicine.
ARTICLE IV SHARES THE NUMBER OF SHARES OF STOCK IS: 1 ARTICLE VI REGISTEREI	000 AGENT AND STREET ADDR	<u>ess</u>
THE NAME AND FLORIDA STREET ADDR	BSS (P.O. BOX NOT ACCEPTABLE) OF TH	E REGISTERED AGENT IS:
Qral C. James, M.D.		
1935 Grove Court		
Kissimmee, FL 34746		
HAVING BEEN NAMED AS REGISTERED	AGENT AND TO ACCEPT SERVICE OF	PROCESS FOR THE
ABOVE STATED CORPORATION AT THE	PLACE DESIGNATED IN THIS CERTIFIC	cate, I am familiar
WITH AND ACCEPT THE APPOINTMENT.	AS REGISTERED AGENT AND AGREE	O ACT IN THIS
CAPACITY.		
es.		12/29/2023
Signature/Registered Agent		Date

ARTICLE V DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES: Name & Title: Oral C. James, M.D., President Name & Title: 1935 Grove Court Address: Address: Kissimmee, FL 34746 Name & Title: _ Name & Title: Address: Address: Name & Title: Name & Title: _ Address: Address: Name & Title: Name & Title: Address: Address: I submit this document and affirm that the facts stated herein are true. I am aware that 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. Signature/ uthorized Person



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Association for HARLINGEN GASTROENTEROLOGY, P.A. (file number 800109507), a Professional Association, was filed in this office on August 07, 2002.

It is further certified that the entity status in Texas is in existence.



In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 03, 2024.



Phone: (512) 463-5555

Jane Nelson Secretary of State