

**P24000017579**

Florida Department of State  
Division of Corporations  
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## FLORIDA PROFIT/NON PROFIT CORPORATION

DA Koduah MD PA

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

## 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: DA Koduah MD PA

ARTICLE II PRINCIPAL OFFICEPrincipal street address  
6512 GREAT BEAR DR  
LAKELAND, FL 33805Mailing address, if different is:  
6512 GREAT BEAR DR  
LAKELAND, FL 33805ARTICLE III PURPOSE

The purpose for which the corporation is organized is: consulting physician

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DORIS KODUA-President Name and Title:

Address: 6512 GREAT BEAR DR Address:  
LAKELAND, FL 33805

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: DORIS KODUA  
\_\_\_\_\_  
Address: 6512 GREAT BEAR DR  
\_\_\_\_\_  
LAKELAND, FL 33805  
\_\_\_\_\_

#### ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: DORIS KODUA  
\_\_\_\_\_  
Address: 6512 GREAT BEAR DR  
\_\_\_\_\_  
LAKELAND, FL 33805  
\_\_\_\_\_

#### ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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*

Doris Kodua

Required Signature/Registered Agent

3/8/24

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.*

Doris Kodua

Required Signature/Incorporator

3/8/24

Date