

P24000035846

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000189983 3)))



H240001899833ABCB

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
 Division of Corporations
 Fax Number : (850)617-6381

From:
 Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
 Account Number : I20000000019
 Phone : (305)552-5973
 Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
 ALONSO MEDICAL GROUP, PA.**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$78.75 |

RECEIVED
 2014 MAY 29 PM 3:44
 DIVISION OF CORPORATIONS
 STATE OF FLORIDA
 COMMERCIAL SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

CC

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

Alonso Medical Group, PA.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1840 W 49th St.

Suite # 514

Hialeah, Florida 33012

ARTICLE III PURPOSE

provide medical service:

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Gladys Y. Alonso, MD

Name and Title: _____

Address President

Address: _____

1840 W 49th St. # 514

Hialeah, Florida 33012

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(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. Gladys Y. Alonso, MD

Address: 1840 W 49th St. # 514
Hialeah, Florida 33012

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dr. Gladys Y. Alonso, MD

Address: 1840 W 49th St. # 514
Hialeah, Florida 33012

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

Gladys Y. Alonso MD
 Required Signature/Registered Agent

05/22/2024

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.

Gladys Y. Alonso MD
 Required Signature/Incorporator

05/22/2024

Date

737