

**P240004145133**

Florida Department of State  
Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**MARC C PEDEN MD P.A.**

Certificate of Status	1
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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: MARC C PEDEN MD P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3609 W JETTON AVE  
TAMPA, FL 33629

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MEDICINE

ARTICLE IV SHARES

The number of shares of stock is: 200 SHARE NPV

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARC C PEDEN MD. PRESIDENT  
Address 3609 W JETTON AVE  
TAMPA, FL 33629

Name and Title:  
Address:

Name and Title:  
Address:

Name and Title:  
Address:

Name and Title:  
Address:

Name and Title:  
Address:

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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: MARC C PEDEN MDAddress: 3609 W JETTON AVETAMPA, FL 33629**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: MARC C PEDEN MDAddress: 3609 W JETTON AVETAMPA, FL 33629FILED  
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TALLAHASSEE, FL**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 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:*/s/ MARC C PEDEN MD

Required Signature/Registered Agent

12/06/2024

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.*/s/ MARC C PEDEN MD

Required Signature/Incorporator

12/06/2024

Date