

Department of State Division of Corporations P. Q. Box 6327 Tallahassee, FL 32314

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ALBERT CANAS, M.O. P.A.

(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee **578.75** Filing Fee **\$122.50** Filing Fee

& Certified Copy

& Certificate

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

CANAS ALBERT FROM:

Name (Printed or typed)

4373 N. BAY ROAD

MIAMI BEACH, FC

City, State & Zip

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Subjects STATE Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Albert Canas, M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4373 North Bay Road Miami Beach, FL 33140

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000

ARTICLE IV PURPOSE

The specific purpose of this professional association is to provide medical care to the public by a licensed doctor of medicine.

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Stewart Stein 4373 North Bay Road Miami Beach, FL 33140

ARTICLE VI INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Albert Canas, M.D. 4373 North Bay Road Miami Beach, FL 33140

Signature/Incorporator

Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position of registered agent.

Signature/Registered Agent

Date