

TRANSMITTAL LETTER

P98000079896

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

SUBJECT: PARADIGM MEDICAL SERVICES OF FLORIDA, INC.
(Proposed corporate name - must include suffix)

300002636093--0
-09/10/98-01047--007
*****78.75 *****78.75

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

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: MARK AREYO
Name (Printed or typed)

1799 SW 6TH PLACE
Address

BOCA RATON, FL 33486
City, State & Zip

(561) 391-2126
Daytime Telephone number

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

98 SEP 10 AM 9:53

FILED

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

CB
9-16-98
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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: **PARADIGM MEDICAL SERVICES OF FLORIDA, INC.**

ARTICLE II PRINCIPAL OFFICE

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

1799 Southwest 6th Place
Boca Raton, FL 33486

ARTICLE III SHARES

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

40 (forty).

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Maria L. Ray
2721 Northeast 53rd Court
Lighthouse Point, FL 33064

ARTICLE V INCORPORATOR

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

Maria L. Ray
2721 Northeast 53rd Court
Lighthouse Point, FL 33064

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA


Signature/Incorporator

Sept 6, 1998
Date

MARIA L. RAY
Printed Name

Having been named as registered agent and to accept service of process for the above 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 as registered agent.


Signature/Registered Agent

Sept 6, 1998
Date

MARIA L. RAY
Printed Name