

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

100002940591--6 -07/23/99--01097--008 ******78.75 ******78.75

SUBJECT: F	agler Woner (Proposed corpo	's Hedical rate name - must include su	Center, Ir			
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 of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status			
FROM:	Pedro De Leon Name (Printed or typed)					
	1157 W_38 terrace					
	Hialean,	Florida State & Zip	33012			
(305) 558-3641 PEC 99 JEL 23 Daytime Telephone number PARE 23						

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

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.

Signature/Incorporator	- <u> </u>	7-17-99 Date	
ARTICLE V INCORPORATOR The name and address of the incorporator to these. Pedro Deleon 1157 W 38 term	Articles of Incorpor	ation are: Flocida	33012
ARTICLE IV INITIAL REGISTERED AT The name and Florida street address of the initial register Dello Dello 38 term.	istered agent are:		33012
ARTICLE III SHARES The number of shares of stock that this corporation is /00	s authorized to have	e outstanding at any one	time is:
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of the principal place of business and mailing address of the principal place of business and mailing address of the principal place of business and mailing address of the principal place of business and mailing address of the principal place of business and mailing address of the principal place of business and mailing address of the principal place of business and mailing address of the principal place of business and mailing address of the principal place of business and mailing address of the principal place of business and mailing address of the principal place of business and mailing address of the principal place of business and mailing address of the principal place of business and mailing address of the principal place of business and mailing address of the principal place	_		33012.
The name of the corporation shall be: Flager women's	medical	TALLAHASSEE Center, INK	OF STATE FLORIDA

(An additional article must be added if an effective date is requested.)

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 as registered agent

Signature/Registered Agent

Date

FILED

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