

Form 1
P99000074657
TRANSMITTAL LETTER

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

300002960943--2
-08/16/99-01106-005
*****70.00 *****70.00

SUBJECT: Mayra L. Lorenzo, M.D., PA
(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

\$78.75
Filing Fee
& Certificate

\$122.50
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

SECRETARY OF STATE
TALLAHASSEE, FL
AUG 16 PM 9:31
FILED

FROM: Mayra L. Lorenzo, M.D.
Name (Printed or typed)

9677 Seminole Blvd
Address

Seminole, FL 33772
City, State & Zip

(727) 319-2952
Daytime Telephone number

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

ARTICLES OF INCORPORATION

Professional Association

1. The name of the corporation shall be: Mayra L. Lorenzo, M.D., PA
2. The purpose for which this corporation is organized is practice of medicine
3. The principal place of business and mailing address of the corporation is:
9677 Seminole Blvd Seminole, FL 33772

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. The corporation shall have the authority to issue 1,000,000 shares of common stock, in one class only, each with a par value of \$ 0.01
5. The registered agent of the corporation is Wilfredo Lorenzo, M.D. and the registered street address is 6700 Crosswind Dr. Suite 200-A St. Petersburg, Florida 33710.
6. The initial Board of Directors shall have 1 member(s) whose name(s) and address(es) is/are as follows: Mayra L. Lorenzo, M.D.
9677 Seminole Blvd
Seminole, FL 33772

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

7. The incorporator of this corporation is Mayra L. Lorenzo, M.D. whose street address is 9677 Seminole Blvd Seminole, FL 33772

Dated 8-2-99

Mayra Lorenzo
Incorporator

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 am familiar with and accept the obligations of my position as registered agent.

Dated 8-2-99

Wilfredo Lorenzo
Registered Agent