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

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ı is an origin	al and one(1) copy of the articles	of incorporation and a	check for:
\$70.00 Filing Fee	\$78.75 Filing Fee	□\$122.50 Filing Fee	☐ \$131.25 Filing Fee,
	& Certificate	& Certified Copy	Certified Copy & Certificate
	. •	ADDITIONAL CO	PY REQUIRED
ED OM:	Alicia Rodriguez-Jor	· ro	
TACIVI.		inted or typed)	
	4521 NW 4 Street		
	A	ddress	SEP
	Miami, FL 33126	· · · · · · · · · · · · · · · · · · ·	29
	City, S	State & Zip	SEE FLORID
	•		F. G
	305-443-7427		F 36
	Daytime Te	lephone number	— om

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

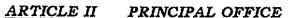
ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Alicia Rodriguez-Jorge M.D. P.A.



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

4521 NW 4 Street Miami, FL 33126

ARTICLE III SHARES

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

One Hundred (100)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Alicia Rodriguez-Jorge 4521 NW 4 Street Miami, FL 33126

ARTICLE V INCORPORATOR

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

Alicia Rodriguez-Jorge 4521 NW 4 Street Miami, FL 33126

Clina todrigue one H. Signature Indopperator

Sept. 24, 1999

Date

(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

Sept. 24, 1999

Date

RIDER

ARTICLE VI - SPECIFIC NATURE OF PROFESSIONAL ASSOCIATION

Alicia Rodrigues-Jorge M.D._P.A. will be operating as a medical physician's practice. Patients will be seen and treated.