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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6m 11/15/07

COVER LETTER

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

SUBJECT: Our Lady of Guadalupe Guild for Healthcare Workers, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)
Dioscese of Pensacola-Tallahassee, Inc.

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

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: H. W. Oliver MD
Name (Printed or typed)
Suite A
2727 Capital Medical Blvd
Address
Tallahassee, FL 32308
City, State & Zip
(850) 942 2233
Daytime Telephone number

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

ARTICLES OF INCORPORATION
In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

*Our Lady of Guadalupe Guild for Healthcare Workers,
Diocese of Pensacola-Tallahassee, Inc.*

ARTICLE II PRINCIPAL OFFICE

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

*2727 Capital Medical Blvd, Suite A
Tallahassee, FL 32308*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*Medical fellowship and
continuing medical education*

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

*Self perpetuating group in which members will
be replaced as they leave or are removed as stated
in the bylaws*

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

INITIAL DIRECTORS:

- H W OLIVER MD, 2727 Capital Medical Blvd ^{Suite A} Tallahassee, FL 32308*
- JOHN THABEC MD, 2617 Mitchum Dr. Suite 103 Tallahassee, FL 32308*
- EROM BALTHAZAR MD, 2309 Trescott Dr, Tallahassee, FL 32308*

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

*H W Oliver, MD
2727 Capital Medical Blvd, Suite A
Tallahassee FL 32308*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*H W OLIVER MD
2727 Capital Medical Blvd, Suite A
Tallahassee, FL 32308*

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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Signature/Registered Agent

Date

11/14/07

Signature/Incorporator

Date

11/14/07