

P03000145170

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

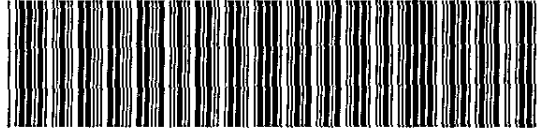
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03 DEC - 5 PM 11:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Francisco Adolquis Cruz, M.D. PA
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Francisco A. Cruz, M.D.
Name (Printed or typed)

12859 SW 64 Lane
Address

Miami, Florida 33183
City, State & Zip

(305) 386-9898
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

December 1, 2003

FRANCISCO A CRUZ.
12859 SE 64 LANE
MIAMI, FL 33183

SUBJECT: FRANCISCO ADELQUIS CRUZ, M.D. PA
Ref. Number: W03000035699

We have received your document for FRANCISCO ADELQUIS CRUZ, M.D. PA and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

An effective date may be added to the Articles of Incorporation **if a 2004 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White
Document Specialist
New Filings Section

Letter Number: 903A00064374

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

03 DEC -5 PM 1:41

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:
FRANCISCO ADELQUIS CRUZ, M.D. P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
12859 SW 64 Lane; Miami, Florida 33183

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To practice medicine

ARTICLE IV SHARES

The number of shares of stock is:
100 shares of common stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
Francisco A. Cruz (President & Director) - 12859 SW 64 Lane; Miami, Florida 33183

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:
Francisco A. Cruz - 12859 SW 64 Lane; Miami, Florida 33183

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:
Francisco A. Cruz - 12859 SW 64 Lane; Miami, Florida 33183


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

12-2-2003

Date

✓ 

Signature/Incorporator

12-2-2003,

Date