

PO6000072731

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(City/State/Zip/Phone #)

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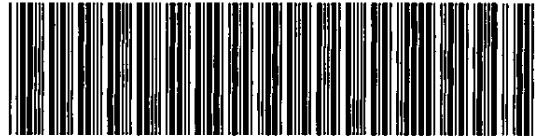
(Business Entity Name)

(Document Number)

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06 MAY 22 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MR 5/25

COVER LETTER

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

SUBJECT: My Pediatrician, P.A.
(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: Alicia M. Ong, M.D., F.A.A.P.
Name (Printed or typed)

3812 Saddle Ridge Street

Address

Valrico, Florida 33594

City, State & Zip

(813) 657-4419

Daytime Telephone number

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

**ARTICLES OF INCORPORATION OF
MY PEDIATRICIAN, P. A.**

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06 MAY 22 PM 4:33

ARTICLE I - NAME

The name of the corporation shall be **My Pediatrician, P.A.**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - PRINCIPAL OFFICE

The principal place of business/mailling address is 3812 Saddle Ridge Street,
Valrico, Florida 33594

ARTICLE III - PURPOSE

The purpose for which the corporation is organized is the practice of medicine
and other services related to the practice of medicine.

ARTICLE IV - SHARES

The corporation is authorized to issue 100 shares of stock.

ARTICLE V - INITIAL OFFICERS AND DIRECTORS

The initial President, Secretary, and Director of the corporation is Alicia M. Ong,
M.D., 3812 Saddle Ridge Street, Valrico, Florida 33594.

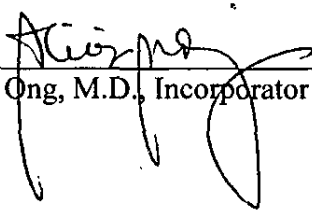
ARTICLE VI - REGISTERED AGENT

The name and address of the registered agent is Alicia M. Ong, M.D., 3812
Saddle Ridge Street, Valrico, Florida 33594.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is Alicia M. Ong, M.D., 3812 Saddle
Ridge Street, Valrico, Florida 33594.

***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.***


Alicia M. Ong, M.D., Incorporator / Registered Agent

5/17/06
Date