

PO 7000027970

(Requestor's Name)

(Address)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: DOCTORS DIAGNOSTIC FACILITY INC
(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: DOCTORS DIAGNOSTIC FACILITY INC
Name (Printed or typed)

P O BOX 940846
Address

MIAMI, FLORIDA 33194-0846
City, State & Zip

786-286-2328
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 29, 2007

DOCTORS DIAGNOSTIC FACILITY INC
PO BOX 940846
MIAMI, FL 33194-0846

SUBJECT: DOCTORS DIAGNOSTIC FACILITY INC
Ref. Number: W07000004580

We have received your document for DOCTORS DIAGNOSTIC FACILITY INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return 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 850-245-6052.

Paisley A Alford
New Filing Section
Division of Corporations

Letter Number: 707A00006700

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

DOCTORS DIAGNOSTIC FACILITY INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

14225 SW 28 STREET
MIAMI, FL 33175

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HEALTH CARE

ARTICLE IV SHARES

The number of shares of stock is:

200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JULIO L GARCIA, PRESIDENT
P O BOX 940846
MIAMI, FL. 33194-0846

ARTICLE VI REGISTERED AGENT

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

JULIO L GARCIA
14225 SW 28 STREET
MIAMI, FL. 33175

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JULIO L GARCIA
14225 SW 28 STREET
MIAMI, FL 33175

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

02-23-2007

Date

Signature/Incorporator

02-23-2007

Date