

P10000040631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

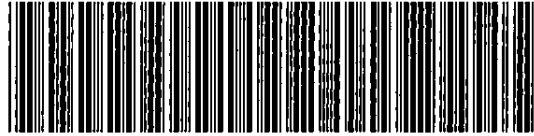
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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05/11/10--01019--003 **70.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 MAY 11 AM 9:30

B McKnight MAY 12 2010

COVER LETTER

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

SUBJECT: Gold Coast Physician Partners, 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: Pedro Hernandez

Name (Printed or typed)

2300 Ponce De Leon Boulevard, Suite 1203

Address

Coral Gables, FL 33143

City, State & Zip

786-543-4327

Daytime Telephone number

phernandez2@msn.com

E-mail address: (to be used for future annual report notification)

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

AFFIDAVIT

May 6, 2010

To the State of Florida;

I have a corporation named Gold Coast Physician Partners, Inc. A couple of months ago I sent in a form to change the INC to an LLC under the same name.

I currently want to re-open the INC., but was told that I needed to send in an Affidavit to re-open it. I am the Owner of both entities and the registered agent of both.

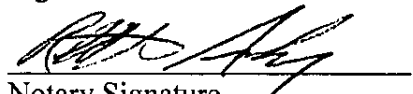
Please open the INC., thank you for your help in this matter.



Pedro Hernandez
President
Gold Coast Physician Partners

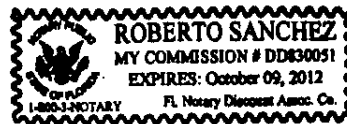
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 MAY 11 AM 9:30

Pedro Hernandez displayed his Drivers License.
Signed and sworn before me on the 6th of May 2010.



Notary Signature

My Commission Expires: Oct. 09, 2012



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:

Gold Coast Physician Partners, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

2100 Ponce De Leon Boulevard

Suite 1203

Coral Gables, FL 33143

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Transact any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Pedro Hernandez 2100 Ponce De Leon #1203 President
Coral Gables FL

ARTICLE VI REGISTERED AGENT

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

Pedro Hernandez

2100 Ponce De Leon Boulevard

Suite 1203

Coral Gables, FL 33143

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

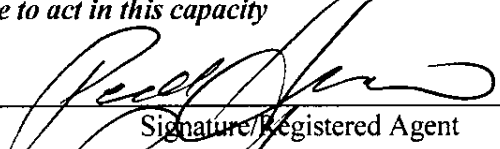
Pedro Hernandez

2100 Ponce De Leon Boulevard

Suite 1203

Coral Gables, FL 33143

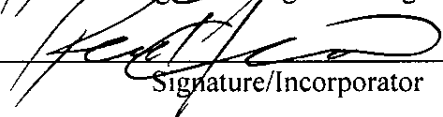
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

5-5-2010

Date



Signature/Incorporator

5-5-2010

Date

FILED
10 MAY 11 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA