Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1515

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
CALZADA PRIMARY CARE, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$70.00

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9/9

COVER LETTER

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

SUBJECT: CALZADA PRIMARY CARE, 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: DR. PABLO J. CALZADA
Name (Printed or typed)

7755 NW 19 CT
Address

PEMBROKE PINES FL 33024
City, State & Zip

954-983-3944
Daytime Telephone number

pjcalzada@gmail.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME CALZADA PRIMARY CARE , P . A .

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address: 7755 NW 19 CT PEMBROKE PINES FL 33024

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL CARE TO PATIENTS

ARTICLE IV SHARES

The number of shares of stock is: 1500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PABLO J CALZADA/ DIRECTOR
Address: 7755 NW 19 CT
PEMBROKE PINES FL 33024

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

ARTICLE VI REGISTERED AGENT

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

Name: Corporation Service Company
Address: 1201 Hays Street
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: PABLO J CALZADA
Address: 7755 NW 19 CT
PEMBROKE PINES FL 33024

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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

Corporation Service Company

By: Corrine L. Dunlap Asst. Vice President — 09/08/11

Required Signature/Registered Agent — Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator — 08/29/2011 Date

PABLO J CALZADA/ Incorporator