P12000019978

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

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From:
Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION
TONY APONTE MD PROFESSIONAL CORPORATION

Certificate of Status	0
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Page Count	04
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J. Stivers FEB 29 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 27, 2012

CORPDIRECT AGENTS, INC

,

SUBJECT: TONY APONTE MD PROFESSIONAL CORPORATION
REF: W12000011070

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please disregard previous fax.,

The only acceptable words for designation as a professional association are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED.

If you have any further questions concerning your document, please call (850) 245-6052.

Justin M Shivers
Regulatory Specialist II
New Filing Section

FAX Aud. #: H12000049471
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COVER LETTER

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

SUBJECT: TONY APONTE MD 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: MARYAM NABAVI
Name (Printed or typed)

11151 SIERRA PALM COURT
Address

FORT MYERS FL 33966
City, State & Zip

573-814-2238
Daytime Telephone number

MARYAMMD@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

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2012 FEB 24 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

H12000049471 3

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: TONY APONTE MD PA

ARTICLE II PRINCIPAL OFFICE
Principal street address:
11151 SIERRA PALM COURT
FORT MYERS FL 33966

Mailing address, if different is:

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
MEDICAL OFFICE

ARTICLE IV SHARES
The number of shares of stock is: 10000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: LUIS APONTE , PRESIDENT
Address: 11151 SIERRA PALM COURT
FORT MYERS FL 33966

Name and Title: MARYAM NABAVI, SECRETARY
Address: 11151 SIERRA PALM COURT
FORT MYERS FL 33966

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: MARYAM NABAVI
Address: 11151 SIERRA PALM COURT
FORT MYERS FL 33966

ARTICLE VII INCORPORATOR
The name and address of the incorporator is:
Name: MARYAM NABAVI
Address: 11151 SIERRA PALM COURT
FORT MYERS FL 33966

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

Required Signature/Registered Agent — Date: 2/15/2012

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 — Date: 2/15/2012