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(FAX)

P.001/004

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
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From:
Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
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FLORIDA PROFIT/NON PROFIT CORPORATION
TONY APONTE MD PROFESSIONAL CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	024
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February 27, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORPDIRECT AGENTS, INC

SUBJECT: TONY APONTE MD PROFESSIONAL CORPORATION
REF: W12000011070

PLEASE GIVE ORIGINAL SUBMISSION
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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
Letter Number: 312A00007916

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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)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAMEThe name of the corporation shall be: **TONY APONTE MD PA****ARTICLE II PRINCIPAL OFFICE**

Principal street address
11151 SIERRA PALM COURT
FORT MYERS FL 33906

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
MEDICAL OFFICE

ARTICLE IV SHARESThe 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 33906

Name and Title: **MARYAM NABAVI, SECRETARY**
Address: **11151 SIERRA PALM COURT**
FORT MYERS FL 33906

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:

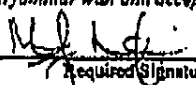
Name: **MARYAM NABAVI**
Address: **11151 SIERRA PALM COURT**
FORT MYERS FL 33906

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: **MARYAM NABAVI**
Address: **11151 SIERRA PALM COURT**
FORT MYERS FL 33906

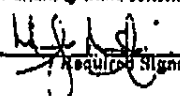
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

2/15/2012
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

2/15/2012
Date

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TALLAHASSEE, FLORIDA