

NO3000007553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900022173489

08/27/03--01055--007 \*\*78.75

FILED  
03 AUG 27 PM 2:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

✓

10/1 9/12

## TRANSMITTAL LETTER

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

SUBJECT: FULL CARE MEDICAL, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

**ADDITIONAL COPY REQUIRED**

FROM: CECILIA M. LIANGCO, M.D.  
Name (Printed or typed)

625 SE Second Avenue, #B  
Address

Boynton Beach, FL 33435  
City, State & Zip

561-735-7733  
Daytime Telephone number

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

# ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

FILED

03 AUG 27 PM 2: 53

## ARTICLE I NAME

The name of the corporation shall be:

FULL CARE MEDICAL, Inc.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

625 SE Second Avenue, # B  
Boynton Beach, FL 33435

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide access to primary health care to the poor in Palm Beach County and other neighboring counties.

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Directors are appointed by the governing Board based on leadership, community involvement, commitment and willingness to work with the poor.

## ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Cecilia M. Liangco, M.D., President & Board Chair; Address: 625 SE 2nd Av., # B  
Boynton Beach, FL 33435

Rechilda Liangco, BSN, RN, Vice Chair; Address: 4821 Blue Pine Circle  
Lake Worth, FL 33463

Rodolfo Marvilla, Secretary; Address: 4821 Blue Pine Circle, Lake Worth, FL 33463

Warlito C. Liangco, Treasurer/Auditor; Address: 12067 Villa Rd., SpringHill, FL 3460

## ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

Cecilia M. Liangco, M.D.  
625 SE Second Avenue, # B  
Boynton Beach, FL 33435

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Rodolfo A. Marvilla  
4821 Blue Pine Circle  
Lake Worth, FL 33463

\*\*\*\*\*

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.

Cecilia M. Liangco  
Signature/Registered Agent

8-25-03  
Date

Rodolfo Marvilla  
Signature/Incorporator

8-25-03  
Date