

TRANSMITTAL LETTER

FILED

00 OCT 16 AM 9: 05

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800003426698--3  
-10/17/00--01007--002  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Dr. A. C. Oquendo MD. PA.  
(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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Ana C. Oquendo, MD  
Name (Printed or typed)

4849 Queen Palm Ter  
Address

St. Petersburg, Fl 33703  
City, State & Zip

727-323-7901  
Daytime Telephone number

DR. OQUENDO GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT ADD PA PURPOSE  
DATE 10/18/00  
DOC. # KAM

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

The name of the corporation shall be:

Dr. A. C. Oquendo MD. PA.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4849 Queen Palm Ter.  
St. Petersburg, Fl 33703

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The specific purpose is the practice of medicine.

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

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

Ana C. Oquendo, MD  
4849 Queen Palm Ter.  
St. Petersburg, Fl 33703

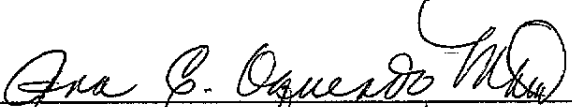
ARTICLE VII INCORPORATOR

The name and address of the incorporator is :

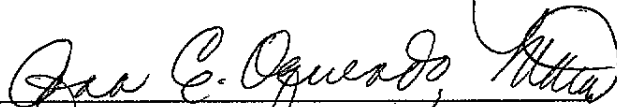
Ana C. Oquendo, MD  
4849 Queen Palm Ter.  
St. Petersburg, Fl 33703

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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

10/06/00  
Date

  
Signature/Incorporator

10/06/00  
Date

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