

PO2000101773

TRANSMITTAL LETTER

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

900007470569--1  
-09/03/02--01039--006  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: De Nguyen M.D., P.C.  
(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: De Nguyen M.D., P.C.  
Name (Printed or typed)  
423 East Vine Street  
Address  
Kissimmee, Florida 34744  
City, State & Zip  
407-933-8467  
Daytime Telephone number

FILED  
02 SEP 20 AM 9:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

cm 9/20



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

September 6, 2002

DE NGUYEN M.D., P.C.  
423 EAST VINE STREET  
KISSIMMEE, FL 34744

SUBJECT: DE NGUYEN M.D., P.C.  
Ref. Number: W02000025813

We have received your document for DE NGUYEN M.D., P.C. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The only acceptable corporate suffixes for professional associations are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Document Specialist  
New Filing Section

Letter Number: 402A00051383

**ARTICLES OF INCORPORATION**

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

FILED

02 SEP 20 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

De Nguyen M.D., P.A.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

423 East Vine Street  
Kissimmee, Florida 34744

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To operate as a Professional Physician Corporation

**ARTICLE IV SHARES**

The number of shares of stock is:

1,000

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

De Nguyen Director, Pres.  
423 East Vine Street  
Kissimmee, Florida 34744

**ARTICLE VI REGISTERED AGENT**

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

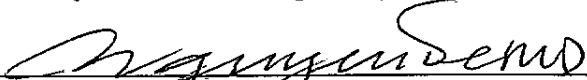
De Nguyen  
423 East Vine Street  
Kissimmee, Florida 34744

**ARTICLE VII INCORPORATOR**

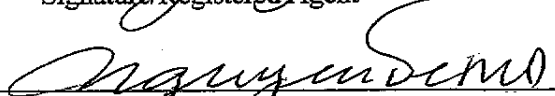
The name and address of the Incorporator is:

De Nguyen  
423 East Vine Street  
Kissimmee, Florida 34744

\*\*\*\*\*  
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

08-29-02  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

08-29-02  
\_\_\_\_\_  
Date