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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 NOV -4 PM 2:33

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TRANSMITTAL LETTER

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

SUBJECT: Jose G Torres 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
☒ ~~\$70.00~~ ~~\$78.75~~ Filing Fee
& Certificate of Status

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

FROM: Jose G Torres
Name (Printed or typed)

836 Bayshore Drive
Address

Tarpon Springs, Florida 34689
City, State & Zip

(727)-786-8825
Daytime Telephone number

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)

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ARTICLE I NAME

The name of the corporation shall be:

Jose G Torres MD PA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2323 Curlew Road Suite 7D
Palm Harbor, Florida 33563

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Internal Medicine

ARTICLE IV SHARES

The number of shares of stock is:

1000 shares authorized

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Jose G Torres
836 Bayshore Drive
Tarpon Springs, Florida 34689

ARTICLE VI REGISTERED AGENT

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

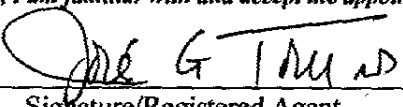
Jose G Torres
836 Bayshore Drive
Tarpon Springs, Florida 34689
099-46-2350

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jose G Torres
836 Bayshore Drive
Tarpon Springs, Florida 34689

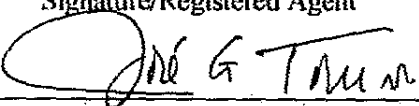
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

10/31/02

Date



Signature/Incorporator

10/31/02

Date