

PO2000133464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

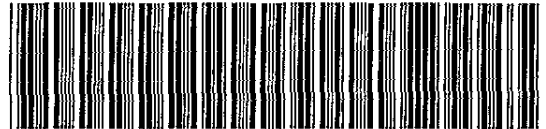
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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**TRANSMITTAL LETTER**

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

**SUBJECT:** NORBERTO VAZQUEZ, M.D., P.A.  
**(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:** NORBERTO VAZQUEZ, M.D.  
Name (Printed or typed)

1411 N. FLAGLER DR. SUITE 6800  
Address

WEST PALM BEACH, FL 33401  
City, State & Zip

561-655-0356  
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)

**ARTICLE I NAME**

The name of the corporation shall be:

NORBERTO VAZQUEZ, M.D., P.A.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

1411 N. FLAGLER DRIVE  
SUITE 6800  
WEST PALM BEACH, FL 33401

**ARTICLE III PURPOSE**

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

**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):  
NORBERTO VAZQUEZ, M.D., P,V,T,S

**ARTICLE VI REGISTERED AGENT**

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

NORBERTO VAZQUEZ, M.D.  
1411 N. FLAGLER DRIVE - SUITE 6800  
WEST PALM BEACH, FL 33401

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

NORBERTO VAZQUEZ, M.D.  
1411 N. FLAGLER DRIVE - SUITE 6800  
WEST PALM BEACH, FL 33401

\*\*\*\*\*  
*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*

Norberto Vazquez MD  
Signature/Registered Agent

11/18/02  
Date

Norberto Vazquez MD  
Signature/Incorporator

11/18/02  
Date

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