

P03000047978

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H03000150139 1)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : ACE INDUSTRIES, INC.
Account Number : 070744001530
Phone : (305) 358-2571
Fax Number : (305) 373-7718

FLORIDA PROFIT CORPORATION OR P.A.

CARLOS OCAMPO M.D., P.A.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

✓
VIR
20-03

H03-150139

Articles of Incorporation

03 APR 30 PM 2:26

CLERK OF STATE
TALLAHASSEE, FLORIDA

Article 1: Name of Corporation: **CARLOS OCAMPO M.D., P.A.**

Address of Corporation: **424 N. DILLARD ST
WINTER GARDEN, FL. 34787**

CORPORATE PURPOSE: PEDIATRIC OFFICE. ALL THE SERVICES A PEDIATRICIAN CAN OFFER.

Article 2: Capital Stock: The number of shares which the corporation has authorized to be outstanding at any one time is **100**, with a par value of **0**.

Article 3: REGISTERED AGENT: **CARLOS OCAMPO M.D.**

REGISTERED OFFICE: **424 N. DILLARD ST.
WINTER GARDEN, FL. 34787**

*I am familiar with and hereby accept the duties and responsibilities as Register Agent for said corporation.



Signature of Registered Agent

Article 4: The Board of Directors are: (Board of Directors is NOT REQUIRED).
First listed is President, Second is Vice President, then Secretary/Treasurer.

- 1.
- 2.
- 3.

Article 5: The NAME and ADDRESS of the INCORPORATOR is:
**CARLOS OCAMPO M.D.
424 N. DILLARD ST.
WINTER GARDEN, FL. 34787**

In witness whereof, I have subscribed my name:



Signature of Incorporator

H03-150139