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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

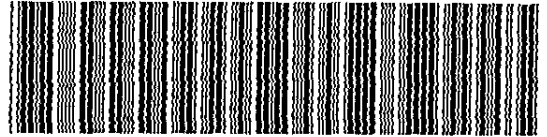
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03 JUL -7 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓
4/14/03

TRANSMITTAL LETTER

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

SUBJECT: DR. GARCIA MRO, INCORPORATED
(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 \$78.75
Filing Fee 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: Dr. John F. Garcia, MD.
Name (Printed or typed)

1718 N. Edgewood Ave.
Address

Jacksonville, Florida 32254
City, State & Zip

(904)781-6203
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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:
DR. GARCIA MRO, INCORPORATED

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
1718 N. Edgewood Ave.
Jacksonville, Florida 32254

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Provide medical review officer services.

ARTICLE IV SHARES

The number of shares of stock is:
1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
Dr. John F. Garcia-1718 Edgewood Ave. Jacksonville, Florida 32254-President, Secretary, Treasurer

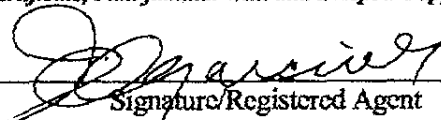
ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:
Dr. John F. Garcia
1718 N. Edgewood Ave.
Jacksonville, Florida 32254

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Dr. John F. Garcia
1718 N. Edgewood Ave.
Jacksonville, Florida 32254

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

6/30/03
Date


Signature/Incorporator

6/30/03
Date