

PD4000035995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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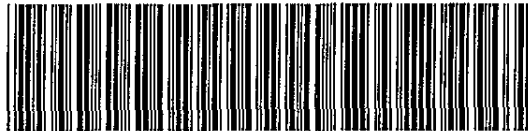
(Business Entity Name)

(Document Number)

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04 FEB 20 PM 2:30
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: CENTRAL FLORIDA Primary CARE, 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

☐ \$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: FLORENCIO V. ELLO, MD
Name (Printed or typed)

2012 DUTCHESS LANE
Address

WINTER PARK, FL 32792
City, State & Zip

(321) 282-8564
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:

Central Florida Primary Care, PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2012 ^{Dutchess} ~~Duchess~~ Lane
Winter Park, FL 32792

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide medical ^{Lipid} and wellness services
to patients and clients

ARTICLE IV SHARES

The number of shares of stock is:

1,000 Shares @ \$1.00 per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Florencio Ello - President and Director
2012 Dutchess Lane
Winter Park, FL 32792

ARTICLE VI REGISTERED AGENT

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

Florencio Ello
2012 Dutchess Lane
Winter Park, FL 32792

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Florencio Ello
2012 Dutchess Lane
Winter Park, FL 32792

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

Florencio Ello, M.D.

Signature/Registered Agent

2/14/04

Date

Florencio Ello, M.D.

Signature/Incorporator

2/14/04

Date