

P04000046029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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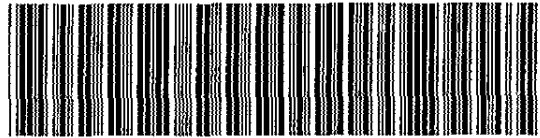
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: Henry Julme MD/PA  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUTELY)

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: Henry R. Julme  
Name (Printed or typed)  
600 Alton Rd Suite 506  
Address  
Miami Beach 33139  
City, State & Zip  
305-538-0394  
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:

Henry R. Julme MD/PA

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

600 Alton Rd Miami Bch Suite

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

- to provide medical services to patients

## ARTICLE IV SHARES

The number of shares of stock is:

- 100 shares

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

- Henry R. Julme MD  
600 Alton Rd Suite 506  
Miami Bch 33139

## ARTICLE VI REGISTERED AGENT

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

Henry Julme  
600 Alton Rd Suite 506 Miami  
Bch 33139

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Henry Julme Suite 506  
Alton Rd Miami Bch 33139

\*\*\*\*\*

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

Signature/Incorporator

Date

Date

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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