

P04000070866

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(Business Entity Name)

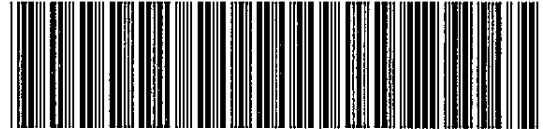
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RECEIVED

04 APR 23 PM 1:50

DIVISION OF CORPORATION

FILED

2004 APR 29 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. FLORIDA MEDICAL PLAN, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

2:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

☒	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS

☐	Amendment
☐	Resignation of R.A., Officer/Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS

☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

**REGISTRATION/
QUALIFICATION**

☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 26, 2004

LAZARUS

SUBJECT: FLORIDA MEDICAL PLAN, INC.
Ref. Number: W04000015982

We have received your document for FLORIDA MEDICAL PLAN, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P02000024371.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole
Document Specialist
New Filings Section

Letter Number: 804A00027418

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APR 29 PM 4:29
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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:

FLORIDA FAMILY HEALTH PLAN, CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

10521 SW 22 LN MIAMI, FL 33165

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SELLING MEDICAL PLAN

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

VIVIAN DE LA CARIDAD MOLINA (president)

10521 SW 22 LN MIAMI, FL 33165

ARTICLE VI REGISTERED AGENT

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

VIVIAN DE LA CARIDAD MOLINA

10521 SW 22 LN MIAMI, FL 33165

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

VIVIAN DE LA CARIDAD MOLINA

10521 SW 22 LN MIAMI, FL 33165

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

Wolpelt
Signature/Registered Agent

04/20/04
Date

Wolpelt
Signature/Incorporator

04/20/04
Date

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2004 APR 29 P 3:18
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TALLAHASSEE, FLORIDA