

PO4000073695

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

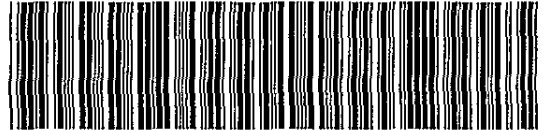
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04 MAY -3 PM 1:48

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✓
5/6/04

TRANSMITTAL LETTER

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

SUBJECT: Intury Medical Center 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: HENRI Claude DOUZE
Name (Printed or typed)

1881 W. Oakland Park Blvd.
Address

Fort-Lauderdale, FL, 33311
City, State & Zip

954-739-9009
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 26, 2004

HENRI CLAUDE DOUZE
1881 W. OAKLAND PARK BLVD
FORT-LADERDALE, FL 33311

SUBJECT: INJURY MEDICAL CENTER, P.A.
Ref. Number: W04000016030

We have received your document for INJURY MEDICAL CENTER, P.A. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

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) 245-6962.

Valerie Ingram
Document Specialist
New Filings Section

Letter Number: 104A00027504

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:

~~Injury Medicine Center, P.A.~~
HOPE INJURY Center, P.A.

04 MAY -3 PM 1:48

CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1881 W. Oakland Park blvd
Fort-Lauderdale, FL. 33311

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

delivering of medical/chiropractic services.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

HENRI Claude Douze President
1881 W. Oakland Park blvd Fort-Lauderdale, FL. 33311

ARTICLE VI REGISTERED AGENT

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

HENRI Claude Douze
1881 W. Oakland Park Blvd. Fort-Lauderdale, FL. 33311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

HENRI Claude Douze
1881 W. Oakland Park Blvd. Fort Laud. FL. 33311

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

Henri Claude Douze
Signature/Registered Agent

04-12-04
Date

Henri Claude Douze
Signature/Incorporator

04-12-04
Date