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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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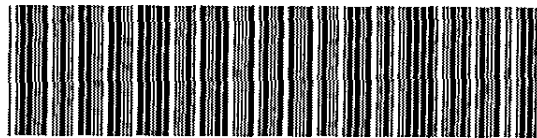
(Business Entity Name)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATE
04 MAY -6 AM 9:26

TRANSMITTAL LETTER

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

SUBJECT: FORT LAUDERDALE MEDICAL MANAGEMENT, INC.
(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: LEE DENNIS

Name (Printed or typed)

1136 S.E. 3RD AVENUE

Address

FT. LAUDERDALE, F;LORIDA 33316

City, State & Zip

954 764 8563

Daytime Telephone number

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

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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:

FORT LAUDERDALE MEDICAL MANAGEMENT, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1136 SE 3RD AVENUE FORT LAUDERDALE, FLA. 33316

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFESSIONAL CORPORATION - FOR BILLING MEDICAL SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

LILIANE WALTERS PRESIDENT/TREASURER

LEE DENNIS SECRETARY

ARTICLE VI REGISTERED AGENT

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

LILIANE WALTERS

1136 SE 3RD AVENUE FORT LAUDERDALE, FLA. 33316

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LILIANE WALTERS 1136 SE 3RD AVENUE FORT LAUDERDALE, FLA 33316

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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

Date



Signature/Incorporator

Date