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2004 JUL 16

7/16/04

TRANSMITTAL LETTER

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

SUBJECT: M.D. Injury care Center, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy	☒ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Tom Rosa
Name (Printed or typed)

11084 Sacco Drive
Address

Boca Raton Florida 33428
City, State & Zip

754 366-5055
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:

M.D. Injury care Center, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

11084 Sacco drive
Boca Raton Florida 33428

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
profit

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):

Denner Fernandes
104 E. hemingway circle
Margate Florida 33063

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Denner Fernandes
104 E. hemingway circle
Margate Florida 33063

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

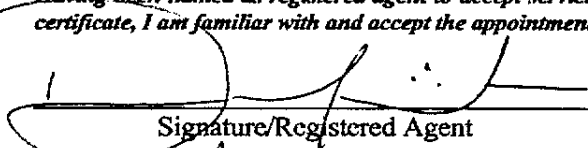
Tom Rosa
11084 Sacco Drive
Boca Raton Florida 33428

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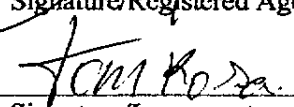
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TALLAHASSEE, FLORIDA

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

07-01-04
Date


Signature/Incorporator

07-01-04
Date