

P04000139104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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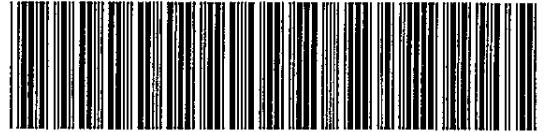
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TRANSMITTAL LETTER

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

SUBJECT: Lake Heart and Vascular 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Jerome D. Mitchell, Esq.
Name (Printed or typed)

400 S. Palmetto Ave.
Address

Daytona Beach, Fl. 32114
City, State & Zip

(386) 252-3004
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:

Lake Heart and Vascular Center, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

121 LaGrande Blvd., Lady Lake, Fl. 32159

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any lawful purpose as authorized by the laws of the U.S. and the State of Florida.

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):

John Chacko, MD Pres./
1752 S.W. 1st Ave. Director
Ocala Fl. 34474

ARTICLE VI REGISTERED AGENT

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

Jerome D. Mitchell
400 S. Palmetto Ave.
Daytona Beach, Fl. 32114

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jerome D. Mitchell
400 S. Palmetto Ave.
Daytona Beach, Fl. 32114

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

10/4/04

Signature/Incorporator

Date

10/4/04

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED