

PO4 000142625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

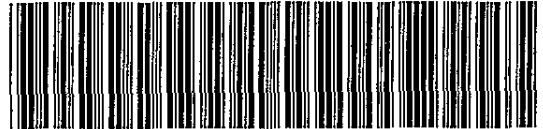
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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U.S. STATE
ALBANY, FLORIDA

104-3552

TRANSMITTAL LETTER

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

SUBJECT: Physician Resource Network, 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: Physician Resource Network, Inc.
Name (Printed or typed)

15584 SW 63 Ter
Address

Miami FL 33193
City, State & Zip

305 385 2554
Daytime Telephone number

FILED
04 OCT 15 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

physicinn Resource Network, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

15584 SW 63 ST
MIAMI FL 33173

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical office management

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):

MARTHA TORRENT, Pres.

MARIA E. LOPEZ V. P.

ARTICLE VI REGISTERED AGENT

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

MARTHA TORRENT
15584 SW 63 THRU
MIAMI FL 33173

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARIA E. LOPEZ
10901 SW 91 ST
MIAMI FL 33176

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

FILED
04 OCT 15 PM 12:44
CLERK OF STATE
TALLAHASSEE, FLORIDA