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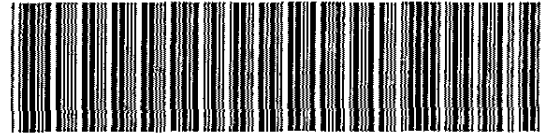
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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12-3

TRANSMITTAL LETTER

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

SUBJECT: PALM ORTHOPAEDICS AND SPORTS MEDICINE
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) INSTITUTE, P.

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:

DAVID W. ARANGO

Name (Printed or typed)

3909 W. CLEVELAND ST APT 22A

Address

TAMPA FL 33609

City, State & Zip

402 897 3377

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

PALM ORTHOPAEDICS AND SPORTS MEDICINE INSTITUTE, PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

4621 EMERSON ST
GALVESTONVILLE FL 32207

MAILING ADDRESS

4624 LURRY FORE RD
SUITE 212
ORLANDO FL 32812

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ORTHOPEDIC SURGERY 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):

PRESIDENT: DAVID ARANGO

ARTICLE VI REGISTERED AGENT : DAVID U. ARANGO

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

3909 W. CLEVELAND ST APT 221
TAMPA FL 33609

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DAVID ARANGO
3909 W. CLEVELAND ST. APT 221
TAMPA FL 33609

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

David Arango
Signature/Registered Agent

11/24/04
Date

David Arango
Signature/Incorporator

11/24/04
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA