

P04000170656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

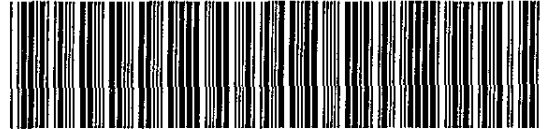
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04 DEC 20 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/27/04
[Signature]

TRANSMITTAL LETTER

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

SUBJECT: Acupuncture Medical Services + Gold Coast Spa, P.A.
(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 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Acupuncture Medical Services + Gold Coast Spa, P.A.
Name (Printed or typed)

417 N. Causeway
Address

New Smyrna Beach FL 32169
City, State & Zip

(386) 426-2232
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:

Acupuncture Medical Services + Gold Coast Spa, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

417 N. Causeway
New Smyrna Beach, Fl. 32169

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

acupuncture services

ARTICLE IV SHARES

The number of shares of stock is:

5000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ARTICLE VI REGISTERED AGENT

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

Gill Canady
321 Sea Hawk Ct.
Edgewater, Fl. 32141

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

M. Catherine Ryan, D.O.M., A.P.
417 N. Causeway
New Smyrna Beach, Fl. 32169

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

Gill Canady
Signature/Registered Agent

12/16/04
Date

M. Catherine Ryan
Signature/Incorporator

12/16/04
Date

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04 DEC 20 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA