

P05000011355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

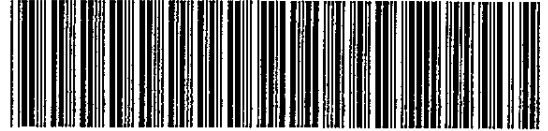
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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C.S. 1-2

## TRANSMITTAL LETTER

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

**SUBJECT:** Dr. Roberto Eloy Garcia, M.D., 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  
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:** Dr. Roberto Eloy Garcia, M.D.

Name (Printed or typed)

520 A1A North Suite 203

Address

Ponte Vedra Beach, Florida 32082

City, State & Zip

904-280-2266

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:

Dr. Roberto Eloy Garcia, M.D., P.A.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

520 A1A North Suite 203  
Ponte Vedra Beach, Florida 32082

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
medical doctor providing medical care

**ARTICLE IV SHARES**

The number of shares of stock is:  
1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Dr. Roberto Eloy Garcia M.D. -President, Secretary, Treasurer  
520 A1A North, Suite 203  
Ponte Vedra Beach, Florida 32082

**ARTICLE VI REGISTERED AGENT**

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

Dr. Roberto Eloy Garcia, M.D.  
520 A1A North, Suite 203  
Ponte Vedra Beach, Florida 32082


**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Dr. Roberto Eloy Garcia, M.D.  
520 A1A North, Suite 203  
Ponte Vedra Beach, Florida 32082

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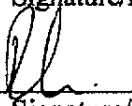
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_

Signature/Registered Agent

12-15-4

\_\_\_\_\_  
Date

  
\_\_\_\_\_

Signature/Incorporator

12-15-4

\_\_\_\_\_  
Date

Roberto Eloy Garcia MD

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA