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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1/28/05 2:16/05
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TRANSMITTAL LETTER

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

SUBJECT: Kidz Doc, 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

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

FROM: Manuel Vega, M.D.

Name (Printed or typed)

7000 S.W. 62nd Ave., Suite # 525

Address

South Miami, Florida, 33143

City, State & Zip

305-6682144

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

January 19, 2005

MANUEL VEGA, M.D.
7000 S.W. 62ND AVE., SUITE #525
SOUTH MIAMI, FL 33143

SUBJECT: KIDZ DOC, P.A.
Ref. Number: W05000002967

We have received your document for KIDZ DOC, P.A. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Document Specialist
New Filings Section

Letter Number: 305A00003594

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:

Kidz Doc, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7000 S.W. 62nd Avenue, Suite 525
Miami, FL 33143

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Reorganization of pediatric practice

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Manuel Vega, M.D.
470 N.W. 32nd Place
Miami, FL 33125
Director

ARTICLE VI REGISTERED AGENT

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


Manuel Vega, M.D.
470 N.W. 32nd PLace
Miami, FL 33125

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Manuel Vega, M.D.
470 N.W. 32nd Place
Miami, FI 33125


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

1/25/05

Date



Signature/Incorporator

1/25/05

Date

FILED
05 JAN 14 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA