

POS000014998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

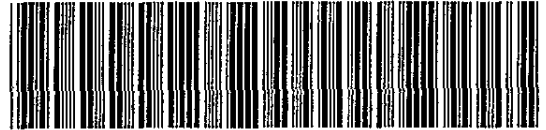
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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500043733825

01/14/05--01005--005 **78.75

AND
FILED
05 JAN 28 AM 8:36
SECURITY & AIR
MAIL ROOM
FBI - MEMPHIS

CB1-31

1-5-2915

TRANSMITTAL LETTER

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

SUBJECT: Coralway Medical, 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: Marta Torrent
Name (Printed or typed)

11805 SW 26 Street 9-10
Address

Miami FL 33175
City, State & Zip

(305) 228-1414
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

MARTA TORRENT
11865 SW 26 ST
MIAMI, FL 33175-\

SUBJECT: CORAL WAY MEDICAL, INC
Ref. Number: W05000002975

We have received your document for CORAL WAY MEDICAL, INC and your check(s) totaling \$78.75. 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) 245-6925.

Cynthia Blalock
Document Specialist
New Filings Section

Letter Number: 405A00003602

APPROVED
AND
FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

05 JAN 28 AM 8:37

ARTICLE I NAME

The name of the corporation shall be: Coral Way Medical, Inc

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 11865 SW 26 St
Miami FL 33175

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: medical office

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):

Jack Michel MD

Marta Torrent

Lloyd Hershman MD

Maria E Lopez

Kenneth Hershman MD

ARTICLE VI REGISTERED AGENT

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

Marta Torrent
11865 SW 26 St G-10
Miami FL 33175

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Marta Torrent
11865 SW 26 St
Miami, FL 33175

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]
Signature/Registered Agent

1/16/05
Date

[Signature]
Signature/Incorporator

1/16/05
Date