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TRANSMITTAL LETTER

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

SUBJECT: Dr. Maisen's Mobile House Call Medical Practice, 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: Ludmilla N. Maisen

Name (Printed or typed)

1453 West Island Club Square

Address

Vero Beach, Florida 32963

City, State & Zip

(772)559-5490

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. MAISEN'S Mobile House Call Medical Practice, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1453 West Island Club Square
Vero Beach, FL 32963

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Care

ARTICLE IV SHARES

The number of shares of stock is:

100% = 1 share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Ludmilla MAISEN, MD
1453 West Island Club Square
Vero Beach, FL 32963

ARTICLE VI REGISTERED AGENT

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

Yusuf Mihaylov
1453 West Island Club Square
Vero Beach, FL 32963

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ludmilla MAISEN, MD
1453 West Island Club Square
Vero Beach, FL 32963

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

Yusuf Mihaylov
Signature/Registered Agent

1/26/2005
Date

Ludmilla Maisen
Signature/Incorporator

1/26/2005
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA