P05000025086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

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TRANSMITTAL LETTER

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

SUBJECT: DORAL NEUROLOGICAL & PAIN CENTER, 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: HECTOR ANDRES ROQUE
Name (Printed or typed)

9721 E Bay Harbor Drive, Unit 5B
Address

Bay Harbor Islands, Fl. 33154
City, State & Zip

(786) 251-3008
Daytime Telephone number

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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:

DORAL NEUROLOGICAL & PAIN CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

9721 E Bay Harbor Drive, Unit 5B
Bay Harbor Islands, FL. 33154

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical office

ARTICLE IV SHARES

The number of shares of stock is. 1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Hector Andres Roque, President/Treasurer

Dr. Allamm Morales, Vice-President/ Secretary

a) 9721 E. Bay Harbor Drive, Unit #5B
Bay Harbor Islands, FL. 33154

b) 3140 NW Medical Center Lane, #100, Lake CIty, FL. 32055

ARTICLE VI REGISTERED AGENT

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

Hector Andres Roque
9721 E. Bay Harbor Drive, Unit 5B
Bay Harbor Islands, FL. 33154

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Hector A Roque
9721 E Bay Harbor Drive, 5B
Bay Harbor Islands, FL. 33154

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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 — 01/08/05 Date

Signature/Incorporator — 01/08/05 Date