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05 APR 11 PM 4:32

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TRANSMITTAL LETTER

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

SUBJECT: CARDONA PAIN & ANESTHESIA PROFESSIONALS, 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: Roberto Durán
Name (Printed or typed)

2504 SW Nutcracker Way
Address

Palm City, FL 34990
City, State & Zip

(561) 449-3164
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:

CARDONA PAIN & ANESTHESIA PROFESSIONALS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2504 SW. Nutcracker Way
Palm City, FL 34990

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide anesthesia services and chronic & acute Pain Management Services.

ARTICLE IV SHARES

The number of shares of stock is: 50,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Roberto Duran
2504 SW Nutcracker Way
Palm City, FL 34990
President

Gloria Cardona
2504 SW. Nutcracker Way
Palm City, FL 34990
General Manager

ARTICLE VI REGISTERED AGENT

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

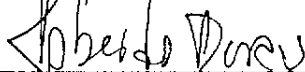
Roberto Duran
2504 SW Nutcracker Way
Palm City FL 34990

ARTICLE VII INCORPORATOR

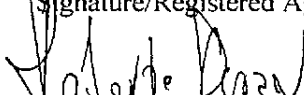
The name and address of the Incorporator is:

Roberto Duran
2504 SW Nutcracker Way
Palm City FL 34990

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



Signature/Incorporator

03/25/2005

Date

03/25/2005

Date

FILED

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CLERK OF DISTRICT COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
PALM BEACH COUNTY, FLORIDA