## P050006/840

(Requestor's Name)
(Address)
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(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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## TRANSMITTAL LETTER

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

SUBJECT:	Hruc Park Med	ical Care Dic TENAME-MUSTINCLE	DE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:
☐ \$70.00 Filing Fee	Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	Dipak Shat	(Printed or typed)	
		t. AUC Address	
	Tanga Fl	33613 State & Zip	. <del></del>

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

ARTICLE I	NAME		FILED
The name of the	corporation shall be	e:	<del></del>
Citrus	Park Medic	el Cone Drc.	2005 APR 27 A 8: 09
			TALLAHASSEE, FLORIDA
	PRINCIPAL (		ALERHASSEE, FLORIDA
The principal plant of the plant o	ace of business/mail	ling address is:	
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Tampa	Fe 33625	3	
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and Medica	l office		
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ARTICLE V	INITIAL OFF	FICERS AND/OR DIREC	CTORS
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14701 N	FLA AUL		
tange	FC 33613	\$	
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DIPALL 14701 1 Tanga	Fl. 3361	3	************
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