

P05000013840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

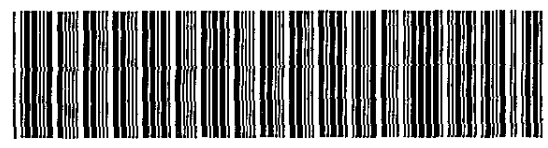
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/19/05--01029--002 \*\*70.00

FILED  
05 MAY 19 PM 12:54  
STATE  
TALLAHASSEE, FLORIDA

5/20/05  
BWK

**TRANSMITTAL LETTER**

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

**SUBJECT:** Jose M Herrera, MD, PA  
**(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:** Jose M. Herrera, M.D.  
Name (Printed or typed)

3909 SE 10th Ln  
Address

Ocala, Fl. 34471  
City, State & Zip

352-346-7407  
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)

**FILED**

05 MAY 19 PM 12: 54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

Jose M Herrera, MD, PA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

2965 SE 3rd Court  
Ocala, Fl. 34471

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Medi-spa

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Jose M. Herrera, M.D, CEO  
3909 SE 10th Ln  
Ocala, Fl. 34471

**ARTICLE VI REGISTERED AGENT**

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

Joe M. Herrera, M.D.  
3909 SE 10th Ln  
Ocala, Fl. 34471


**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

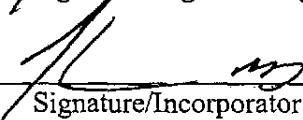
Joe M. Herrera, M.D.  
3909 SE 10th Ln  
Ocala, Fl.34471

\*\*\*\*\*

*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

5/17/05  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

5/17/05  
\_\_\_\_\_  
Date