

P05 0000 94043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

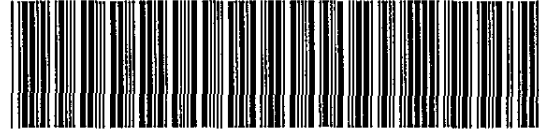
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

D. WHITE JUL -5 2005



800056425928

07/01/05--01032--003 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 JUL -1 A 8:58

FILED

TRANSMITTAL LETTER

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

SUBJECT: LEON A. POVEDA, M.D. CORP.
(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: LEON A. POVEDA, M.D.
Name (Printed or typed)

5425 Sunseeker Blvd.
Address

Greenacres, Fl. 33463
City, State & Zip

561-868-0624
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:

LEON A. POVEDA, M.D. CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

115 S.E. 4th Street
Boyton Beach, Fl. 33435

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To own, operate and maintain an establishment for the study, diagnosis and treatment of human ailments and injuries, whether physical or mental, and to promote medical, surgical and scientific research and knowledge; provided that medical or surgical treatment, advice or consultation will be given by employees of the Corp.

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):

Leon A. Poveda	President	5425 Sunseeker Blvd. Greenacres, Fl.
Leon A. Poveda	Secretary	5425 Sunseeker Blvd. Greenacres, Fl.

ARTICLE VI REGISTERED AGENT

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

Leon A. Poveda, M.D.
5425 Sunseeker Blvd. Greenacres, Fl. 33463

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Leon A. Poveda, M.D.
5425 Sunseeker Blvd.
Greenacres, Fl. 33463

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

LEON A. POVEDA

Date

06/27/2005

Signature/Incorporator

LEON A. POVEDA

Date

06/27/2005

FILED

2005 JUL -1 A 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA