

# PD5000/05373

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

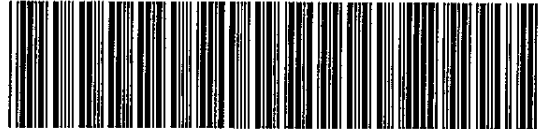
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TALLAHASSEE, FLORIDA  
05 JUL 28 AM 10:32

MRD  
7/29

## TRANSMITTAL LETTER

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

SUBJECT: Amado Viera, M.D., P.A.  
(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: Amado Viera, M.D.  
Name (Printed or typed)

9124 Collins Avenue, #305  
Address

Surfside, Florida 33154  
City, State & Zip

305-318-0108  
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)

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**ARTICLE I NAME**

The name of the corporation shall be:

*Amado Viera, M.D., P.A.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

*9124 Collins Avenue, #305, Surfside, FL 33154*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*Provide medical attention to patients.*

**ARTICLE IV SHARES**

The number of shares of stock is:

*100*

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

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

*Amado Viera, M.D., 9124 Collins Ave., #305, Surfside, FL 33154*  
*President*

**ARTICLE VI REGISTERED AGENT**

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

*Liz Y. Viera*  
*300 Surfside Blvd, Surfside, FL 33154*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Amado Viera, M.D.*  
*9124 Collins Ave., #305, Surfside, FL 33154*


\*\*\*\*\*  
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

*7/25/05*

\_\_\_\_\_  
Date

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

*7/25/05*

\_\_\_\_\_  
Date