

P05000109194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

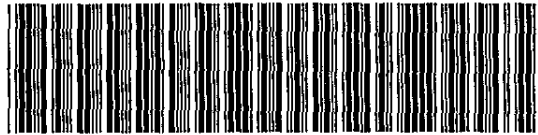
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2005 AUG -4 PM 4:19
CLERK OF STATE
TALLAHASSEE FLORIDA

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8/5/05

TRANSMITTAL LETTER

FILED

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

2005 AUG -4 PM 4:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

SUBJECT: LEAF Medical Services, 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: Anna Fernandez

Name (Printed or typed)

2400 Harbor Blvd, Suite 1

Address

Port Charlotte, Florida 33952

City, State & Zip

9417647999

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:

LEAF Medical Services, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2400 Harbor Blvd, Suite 1
Port Charlotte, Florida 33952

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Care

ARTICLE IV SHARES

The number of shares of stock is:

5000 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Luis F. Fernandez, MD
551 Quail Drive
Punta Gorda, Florida 33982

ARTICLE VI REGISTERED AGENT

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

Anna Fernandez
551 Quail Drive
Punta Gorda, Florida 33982

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

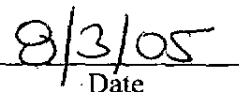
Luis F. Fernandez, MD
551 Quail Drive
Punta Gorda, Florida 33982

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


Date


Signature/Incorporator


Date

FILED

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CLERK OF STATE
TALLAHASSEE FLORIDA