

P05000121754

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

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

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

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

☐ PICK-UP    ☐ WAIT    ☐ MAIL

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

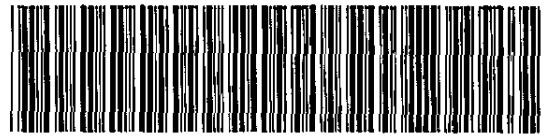
\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Leon A. Poveda GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT Article I  
DATE 9/6/05  
DOC. EXAM MRD

Office Use Only



900058768279

09/24/05 10:16 -010 \*\*78.25

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
05 SEP - 1 PM 5:37

MRD 9/6/05

1005 40079

## TRANSMITTAL LETTER

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

SUBJECT: FAMILY MEDICAL CENTER, 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: 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.



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

August 24, 2005

LEON A POVEDA, M.D.  
5425 SUNSEEKER BLVD  
GREENACRES, FL 33463

SUBJECT: FAMILY MEDICAL CENTER, INC.  
Ref. Number: W05000040079

We have received your document for FAMILY MEDICAL CENTER, INC. and your check(s) totaling \$78.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap  
Regulatory Specialist  
New Filings Section

Letter Number: 805A00053702

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 SEP -1 PM 5:37

### ARTICLE I NAME

The name of the corporation shall be:

LEON HEALTH CENTER, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5425 Sunseeker Blvd  
Greenacres, FL 33463

### 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 and 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

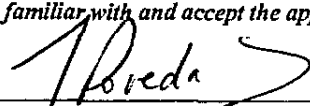
### ARTICLE VII INCORPORATOR

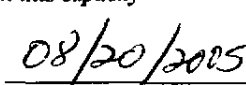
The name and address of the Incorporator is:

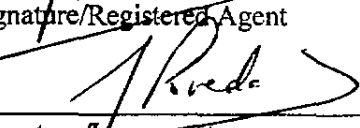
Leon A. Poveda, M.D.  
5425 Sunseeker Blvd.  
Greenacres, FL 33463

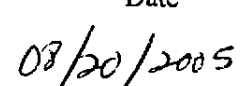
\*\*\*\*\*

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

  
\_\_\_\_\_  
Date

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

  
\_\_\_\_\_  
Date