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MRD
9/30



September 25, 2005

Registration Section
Division of Corporation
P.O Box 6327
Tallahassee, Florida 32314

Dear Division of Corporation:

Healthcare Facilitators has been requested by Natalia Keyser MD P.A to submit the attached Articles of Incorporation for your review and processing.

If you have any questions or require additional information, please contact my office.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Fran LaVallette". The signature is fluid and cursive, with a long horizontal stroke at the end.

Fran LaVallette
Facilitator

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TALLAHASSEE, FLORIDA

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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:

Natalia Keyser MD P.A

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

10761 Halfmoon Shoal Road # 101
Bonita Springs, FI 34135

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical practice

ARTICLE IV SHARES

The number of shares of stock is:

100,000 shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Natalia Keyser, President
10761 Halfmoon Shoal Rd # 101
Bonita Springs, FI 34135

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Natalia Keyser
10761 Halfmoon Shoal Rd # 101
Bonita Springs, FL 34135

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Natalia Keyser
10761 Halfmoon Shoal Rd # 101
Bonita Springs, FI 34135

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

N Keyser
Signature/Registered Agent

9/22/05

Date

N Keyser
Signature/Incorporator

9/22/05

Date