

P 06000 0 269 55

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

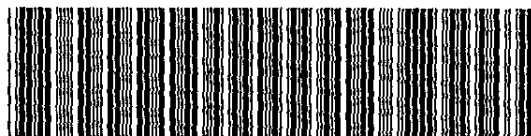
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

NO COPY

Office Use Only



300063858163

01/17/06 10:13:02 18.75

FILED
06 FEB 21 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CB 2-23-1
W06-3118

COVER LETTER

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

SUBJECT: Yanique Duval, 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: Yanique Duval, M.D

Name (Printed or typed)

2247 Palm Beach Lakes Blvd, Suite 103

Address

West Palm Beach, FL 33409

City, State & Zip

561-236-7971

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 23, 2006

YANIQUE DUVAL
2247 PALM BEACH LAKES BLVD STE 103
W PALM BCH, FL 33409

SUBJECT: YANIQUE DUVAL, M.D., P.A
Ref. Number: W06000003118

We have received your document for YANIQUE DUVAL, M.D., P.A and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

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) 245-6925.

Cynthia Blalock
Document Specialist
New Filing Section

Letter Number: 106A00004617

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:

Yanique Duval, M.D.,PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2247 Palm Beach Lakes Blvd suite 103
West Palm Beach, Fl 33409

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide Collaborative Psychiatric and Behavioral mental Health care

ARTICLE IV SHARES

The number of shares of stock is:

100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Yanique Duval, M.D, MPH
6295 Harbour Club Dr
Lake Worth Fl 33467
Medical Director

ARTICLE VI REGISTERED AGENT

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

Willy Francois
6781 Coral Reef
Lake Worth Fl 33467

ARTICLE VII INCORPORATOR

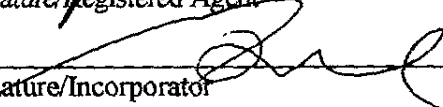
The name and address of the Incorporator is:

Yanique Duval, M.D,MPH
6295 Harbour Club Dr
Lake Worth Fl 33467

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

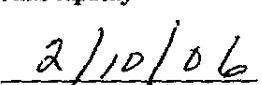


Signature/Incorporator

FILED

06 FEB 21 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Date



Date