

P06000038709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

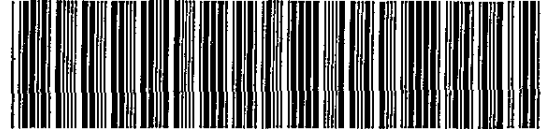
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Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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FILED  
06 MAR 16 PM 3:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CB 3/16/06

## TRANSMITTAL LETTER

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

SUBJECT: TENDER TOUCH PEDIATRIC SERVICES, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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: ROBERT SLOAT  
Name (Printed or typed)

12784 VISTA PINE CIRCLE  
Address

FT. MYERS, FL 33913  
City, State & Zip

239-482-6002  
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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TALLAHASSEE, FLORIDA

### **ARTICLE I NAME**

The name of the corporation shall be: Tender Touch Pediatric Services, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is: 12784 Vista Pine Circle  
Ft. Myers, FL 33913

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The transaction of any and all lawful business for which corporations may be incorporated under the laws of Florida.

### **ARTICLE IV SHARES**

The number of shares of stock is: One Thousand (1,000) at the par value of one dollar (\$1.00) each.

### **ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

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

### **ARTICLE VI REGISTERED AGENT**

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

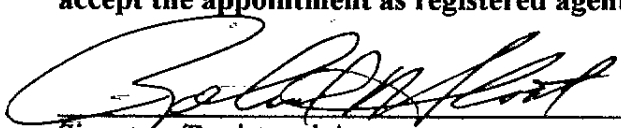
Robert Sloat  
12784 Vista Pine Circle  
Ft. Myers, FL 33913

### **ARTICLE VII INCORPORATOR**

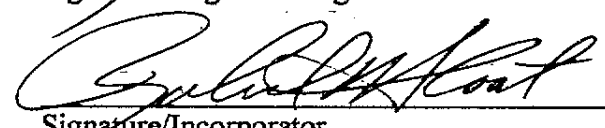
The name and address of the Incorporator is:

Robert Sloat  
12784 Vista Pine Circle  
Ft. Myers, FL 33913

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

03-14-06  
Date

  
Signature/Incorporator

03-14-06  
Date