· P06000061854

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	9#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		}
		ł
	<u> </u>	

ŗ





900073127979

05/01/06--01043--008 **70.00



C.S.5-7

COVER LETTER

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

SUBJECT: EGB WEDICAL MANAGEMENT, 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 \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
	Name (Printed or typed) Address Address
561) 6	City, State & Zip VI-9221 time Telephone number

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

April 25, 2006

To: Florida Division of Corporations

Re: Application for articles of incorporation (2nd time)

Hereby we would like to re-apply for articles of incorporation under the name of EGB Medical Management Inc. for bank account purposes as this business is out of any type of activity as of March of 2006, and we have no intention to continue using this name therefore releasing it for future use by any other entity.

If you have any further questions, feel free to contact the undersigned.

Sincerely,

Registered Agent

FILED PA 2: 28

SECRETARY OF STATE
SECRETARY OF STATE

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:	
EGB NEDICAL MANAGEMENT, INC	15.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 21918 ST ANDROWS BLVD #338 BOCA RATION, FL. 33433	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	

ARTICLE IV SHARES

menica

The number of shares of stock is: \OO

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

SEWILES

GARY S. BENDONEIN, DO POT 21218 ST ANDREWS BLUD #238 BOLA BATTON R. 33433

ARTICLE VI REGISTERED AGENT

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

BRENDA DETERA: 8209 N. RNE ISLANDER #63 TAMBER, R. 33321

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CAR S. BRANDWEN, DO

21218 ST ANOMENS BLUD #238 BOCA, RATION R. 33433

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

200 ter (BRENDA DETEGA)			4-18-06
Signature/Registered Agent	•		Date
x / 3			4/8/04
/Signature/Incorporator		.•	Date