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2006 JUN -8 PM 5:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch JUN 8.2006

## COVER LETTER

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

SUBJECT: Daniel Peters 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: Daniel Peters M.D. P.A.

Name (Printed or typed)

11211 Prosperity Farms Rd. Suite B-105

Address

Palm Beach Gardens, FL, 33410

City, State & Zip

561-6262914

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)

## **ARTICLE I NAME**

The name of the corporation shall be:

Daniel Peters, M.D. P.A.

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

11211 Prosperity Farms Rd. Suite B-105  
Palm Beach Gardens, FL 33410

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Practice of medicine and any other business legal in the State of Florida

## **ARTICLE IV SHARES**

The number of shares of stock is:

100

## **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Daniel Peters M.D.  
11883 Lakeshore Place  
North Palm Beach, FL 33408

## **ARTICLE VI REGISTERED AGENT**

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

Daniel Peters M.D.  
11883 Lakeshore Place  
North Palm Beach, FL 33408

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Daniel Peters M.D.  
11883 Lakeshore Place  
North Palm Beach, FL 33408

\*\*\*\*\*

*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*

Daniel Peters  
Signature/Registered Agent

Daniel Peters  
Signature/Incorporator

6/6/06  
Date

6/6/06  
Date

FILED  
2006 JUN -8 PM 5:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA