

P06000097193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

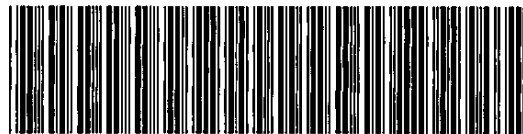
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

*[Signature]*  
7/30



400077884704

07/24/06--01025--005 \*\*78.75

FILED

06 JUL 24 PM 12:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W. CUBIDES, M.D., P.A.  
1405 Creek Nine Dr.  
North Port, Fl. 34286-8050

July 19, 2006

Secretary of State  
Division of Corporations  
P.O. Bo x 6327  
Tallahassee, Fl. 32314

RE: W. CUBIDES, MD, P.A.

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$78.75.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

W. CUBIDES, MD , P.A.

William D. Cubides



ARTICLES OF INCORPORATION

OF

W. CUBIDES, M.D., P.A.

A PROFESSIONAL CORPORATION

FILED  
06 JUL 24 PM 12:54  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, whom is duly licensed to engage in the practice of Physicians within the State of Florida, desiring to form a professional corporation in accordance with Chapter 607 of the Florida Statutes and the Florida Professional Service Corporation Act, adopts the following Articles of Incorporation.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

W. CUBIDES, M.D., PA

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida Law.

ARTICLE II - PURPOSE

The purpose for which the corporation is organized shall be to engage in the practice of Physicians within the State of Florida, and to take all actions that are necessary or proper in connection with that practice.

The professional services of the Corporation shall be rendered only through officers, employees, and agents who are duly licensed or otherwise legally authorized to practice Physicians within the State of Florida. Professional services shall be rendered in each case by the officer, employee, or agent designated solely by this Corporation, acting through its duly elected officers. This provision shall not be applicable to the extent it is in conflict with the law or the professional rule of the profession.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 1,000 Shares (Common) of ONE Dollar(s) (\$1.00) par value Common Stock, which shall be designated "Common Shares."

#### ARTICLE V - INITIAL PRINCIPAL OFFICE AND AGENT

The principal office, if known, or the mailing address of the corporation is:

NAME: W. CUBIDES, MD., P.A.  
ADDRESS: 1405 Creek Nine Dr.  
CITY: North Port, FL 34286-8050

The name and address of the Initial Registered Agent of this Corporation is:

NAME: William D. Cubides  
ADDRESS: 1405 Creek Nine Dr.  
CITY: North Port, FL 34286-8050

#### ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) director initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director of the corporation are as follows:

NAME: William D. Cubides - President & Director  
ADDRESS: 1405 Creek Nine Dr.  
CITY: North Port, FL 34286-8050

#### ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME: William D. Cubides  
ADDRESS: 1405 Creek Nine Dr.  
CITY: North Port, FL 34286-8050


IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 19th day of July, 2006.

  
\_\_\_\_\_  
William D. Cubides  
\_\_\_\_\_

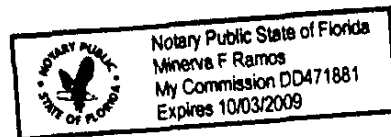
STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

Before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared William D. Cubides known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that he executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 19th day of July, 2006.



(Notary Public, State of Florida at Large)



CERTIFICATE AND ACKNOWLEDGMENT  
OF REGISTERED AGENT

OF

W. CUBIDES, MD, P.A.

Pursuant to Florida Statutes Section 48.091, the following is submitted: The above corporation, desiring to organize under the Laws of the State of Florida with its registered office as indicated in the Articles of Incorporation at 1405 Creek Nine Dr., North Port, FL 34286-8050, has named WILLIAM D. CUBIDES, located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGMENT

Having been named as Register Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.



William D. Cubides

FILED  
06 JUL 24 PM 12:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA