

PO6000139271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

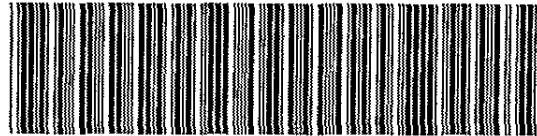
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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J. Shivers

J. Shivers NOV 03 2006

COVER LETTER

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

SUBJECT: **PALM PSYCHIATRIC 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
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: **TERESA CABRERA**

Name (Printed or typed)

10631 NORTH KENDALL DRIVE SUITE 145

Address

MIAMI, FLORIDA 33176

City, State & Zip

305 598-8000

Daytime Telephone number

RECEIVED
TALLAHASSEE
FLORIDA

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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:

PALM PSYCHIATRIC INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

10631 NORTH KENDALL DRIVE SUITE 145 MIAMI, FLORIDA 33176

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL CARE

ARTICLE IV SHARES

The number of shares of stock is:

5000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ELDA M. LOPEZ MD 16131 SW 147 LANE MIAMI, FLORIDA 33196 - PRESIDENT
TERESA CABRERA 16131 SW 147 LANE MIAMI, FLORIDA 33196 - VICE PRESIDENT
ALINA DOMINGUEZ 2412 SW 102 AVENUE MIAMI, FLORIDA 33165 - TREASURER

ARTICLE VI REGISTERED AGENT

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

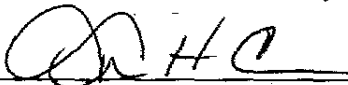
TERESA CABRERA 16131 SW 147 LANE MIAMI, FLORIDA 33196

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

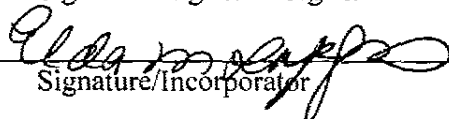
ELDA M. LOPEZ MD 16131 SW 147 LANE MIAMI, FLORIDA 33196

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

10/26/06
Date



Signature/Incorporator

10/26/06
Date

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CLERK OF DISTRICT COURT
MIAMI, FLORIDA