

PO6000154337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Da*

## COVER LETTER

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

SUBJECT: Family Care and Diagnostic Center, 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: Omar Lugo

Name (Printed or typed)

5040 NW 7 ST, Suite 800

Address

Miami, Florida 33126

City, State & Zip

305-606-9292

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:

Family Care and Diagnostic Center, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

5040 NW 7 ST, Suite 800 Miami, Fl 33126

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful Business

**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):

Isaac Candido Luzardo, President  
5040 NW 7 ST, Suite 800  
Miami, Florida 33126

**ARTICLE VI REGISTERED AGENT**

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

Omar Lugo  
5040 NW 7 ST, Suite 800  
Miami, Florida 33126

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

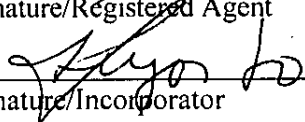
Isaac Candido Luzardo  
5040 NW 7 ST, Suite 800  
Miami, Florida 33126

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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



Signature/Incorporator

12/6/06

Date

12/06/06

Date

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TALLAHASSEE, FLORIDA