

PO6000/55229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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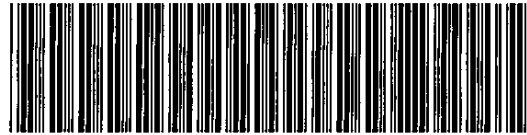
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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1/14

## COVER LETTER

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

**SUBJECT:** Paul H. Wand 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:** Paul Wand, M.D.

Name (Printed or typed)

4488 N. University Drive

Address

Lauderhill, Fl. 33351

City, State & Zip

954-741-2144

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:

Paul H. Wand M.D.P.A.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

4488 N. University Drive

Lauderhill, FL 33351

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Medical Office

**ARTICLE IV SHARES**

The number of shares of stock is:

500

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

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

Paul Wand, M.D.  
3911 St. Rd. 84, #104  
Davie, Fl. 33312**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Paul Wand, M.D.  
3911 St. Rd. 84, #104  
Davie, Fl. 33312**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Paul Wand, M.D.  
3911 St. Rd. 84, #104  
Davie, Fl. 33312

\*\*\*\*\*

*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/Incorporator12/14/6  
\_\_\_\_\_  
Date12/14/6  
\_\_\_\_\_  
Date