

PO6000155923

(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



700082430017

12/12/06--01037--002 **87.50

FILED

06 DEC 22 PM 2:31

STATE
CLERK
TOLSON

Pa

COVER LETTER

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

SUBJECT: Maria M. Almanzar, 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: Maria M. Almanzar, M.D., P.A.
Name (Printed or typed)

359 NE 104 Street
Address

Miami Shores, Florida 33138
City, State & Zip

305-389-2491
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 14, 2006

MARIA M. ALMANZAR, M.D., P.A.
359 NE 104 STREET
MIAMI SHORES, FL 33138

SUBJECT: MARIA M. ALMANZAR, M.D., P.A.
Ref. Number: W06000053769

We have received your document for MARIA M. ALMANZAR, M.D., P.A. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call 850-245-6052.

Paisley A Alford
New Filing Section
Division of Corporations

Letter Number: 006A00071083

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:

Maria M. Almanzar, M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

700 North Hiatus Road, Suite 209
Pembroke Pines, Florida 33026

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide medical care for adults and children.

ARTICLE IV SHARES

The number of shares of stock is:

1500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Maria M. Almanzar, M.D., P.A.
359 NE 104 Street
Miami Shores, Florida 33138

ARTICLE VI REGISTERED AGENT

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

Maria M. Almanzar
359 NE 104 Street
Miami Shores, Florida 33138

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Maria M. Almanzar
359 NE 104 Street
Miami Shores, Florida 33138

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

Maria Almanzar
Signature/Registered Agent

Maria Almanzar
Signature/Incorporator

Dec 19/06
Date

Dec 19/06
Date

FILED
01 DEC 22 PM 2:31
CLERK OF DISTRICT COURT
MIAMI COUNTY, FLORIDA