

PO7000022382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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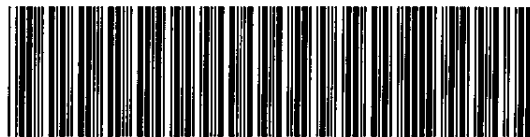
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.S. 2-20

COVER LETTER

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

SUBJECT: ASSOCIATED MEDICAL SERVICES OF PEMBROKE PINES 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: RUDOLPH GONZALEZ
Name (Printed or typed)

385 ALEXANDRA CIRCLE
Address

WILSON, FL - 33326
City, State & Zip

954-822-7907
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:

ASSOCIATED MEDICAL SERVICES OF PembroKE PINES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

385 ALEXANDRA CIRCLE, WESTON, FL 33326

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDE MEDICAL SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

1000 (\$1.00 (one) dollar each)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Rudolph Gonzalez, President

Arlene A. Gonzalez, Secretary

ARTICLE VI REGISTERED AGENT

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

ARLENE A. GONZALEZ
385 ALEXANDRA CIRCLE. WESTON- FL- 33326

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Rudolph Gonzalez
385 ALEXANDRA CIRCLE- WESTON- FL- 33326

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

Date

Signature/Incorporator

Date

FILED
2007 FEB 19 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA