P07000022382

(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

400088692874

02/19/07--01037--018 **87.50

FILED
2007 FEB 19 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR.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

WESTON, 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/mailing 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

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

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: 2/13/07

Signature/Incorporator M.D — Date: 2/13/07