

P071000028232

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

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W07-9253



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02/22/07--01009--009 **78.75

FILED
07 MAR -5 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/5/07

TRANSMITTAL LETTER

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

FILED

07 MAR -5 PM 4: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: INTERGRAATED MEDICAL SERVICES 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:

SCOTT SEGAL

Name (Printed or typed)

1065 NE 125 ST.

Suite 405

Address

MIAMI, FL 33161

City, State & Zip

305-525-7676

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2007

SCOTT SEGAL
1065 NE 125 STREET
SUITE 405
MIAMI, FL 33161

SUBJECT: INTERGRATED MEDICAL SERVICES INC.
Ref. Number: W07000009253

FILED
07 MAR -5 PM 4: 50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for INTERGRATED MEDICAL SERVICES INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the original and one copy of 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) 245-6973.

Claretha Golden
Document Specialist
New Filing Section

Letter Number: 107A00013128

Check was not returned

RECEIVED
07 MAR -5 PM 1:30
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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:

INTERGRATED MEDICAL SERVICES INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1065 NE 125 ST Suite 405
MIAMI FL 33161

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Practice

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):

SCOTT SEGAL, PRESIDENT
19 INDIAN CREEK DRIVE
INDIAN CREEK VILLAGE, FL 33154

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

MAXINE OTERO
1065 NE 125 ST- Suite 405
MIAMI FL 33161

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SCOTT SEGAL
19 INDIAN CREEK DRIVE
INDIAN CREEK VILLAGE, FL 33154

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

Maxine Otero

Signature/Registered Agent

2/16/07

Date

Scott Segal

Signature/Incorporator

SCOTT SEGAL

2/16/07

Date

FILED
07 MAR -5 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA