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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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DEPARTMENT OF STATEM
VISION OF CORPURATION

# **COVER LETTER**

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

SUBJECT: BER	NARD GARCIA M.D.	, P.A.	
Enclosed are an one	(PROPOSED CORPORA)		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	P.C. BUTLER Name (Printed or typed)		
	3583 NW 9TH AVE Address		
		ERDALE, FL 3330 State & Zip	
	954-564-5309  Daytime Telephone number		
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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:

BERNARD GARCIA M.D., P.A.

#### PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is:

4701 N FEDERAL HWY SUITE A-12 FORT LAUDERDALE, FL 33308-4608

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO RENDER MEDICAL SERVICES AND CONDUCT ANY OTHER LAWFUL SERVICE ALLOWED.

#### ARTICLE IV SHARES

The number of shares of stock is:

100 COMMON

## INITIAL OFFICERS AND/OR DIRECTORS

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

## **BERNARD GARCIA, PRESIDENT**

4701 N FEDERAL HWY SUITE A-12 FORT LAUDERDALE, FL 33308-4608

### REGISTERED AGENT

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

**BERNARD GARCIA** 

4701 N FEDERAL HWY SUITE A-12

FORT LAUDERDALE, FL 33308-4608

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**BERNARD GARCIA** 

4701 N FEDERAL HWY SUITE A-12

FORT LAUDERDALE, FL 33308-4608

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/Incorporator