

P07000053112

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

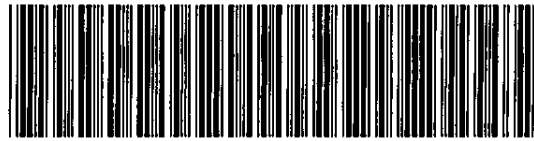
(Business Entity Name)

(Document Number)

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07 MAY -2 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1007-19764

COVER LETTER

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

FILED

07 MAY -2 PM 4: 41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: EVANS FAMILY CARE, 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: LOC KIM LE , M.D.

Name (Printed or typed)

2815 CARDASSI DRIVE

Address

OCOE, FLORIDA 34761

City, State & Zip

407-656-4677 (home) 321-945-6299(Mobile)

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 24, 2007

LOC KIM LE, MD
2815 CARDASSI DRIVE
OCOOEE, FL 34761

SUBJECT: EVANS FAMILY CARE, P.A.
Ref. Number: W07000019764

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07 MAY -2 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for EVANS FAMILY CARE, 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):

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

The document must state the number of shares of authorized stock.

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 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: 407A00027690

PLEASE
SEE
ATTACHED
DOCUMENT.
THANKS *CG*

RECEIVED
07 MAY -2 PM 1:38
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:

EVANS FAMILY CARE,P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5026 SILVER STAR ROAD
ORLANDO,FLORIDA 32808

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PRACTICE MEDICINE AT THE ABOVE ADDRESS:
5026 SILVER STAR ROAD,ORLANDO, FL 32808

ARTICLE IV SHARES

The number of shares of stock is:

1000(ONE THOUSAND SHARES)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

LOC KIM LE,M.D.,DIRECTOR
2815 CARDASSI DRIVE
OCOOE,FLORIDA 34761

ARTICLE VI REGISTERED AGENT

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

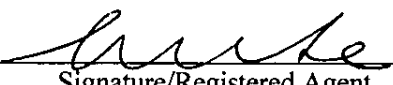
LOC KIM LE
2815 CARDASSI DRIVE
OCOOE, FLORIDA 34761

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

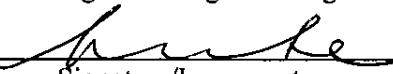
LOC KIM LE
2815 CARDASSI DRIVE
OCOOE,FLORIDA 34761

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

04/30/2007
Date



Signature/Incorporator

04/30/2007
Date

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA