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SECRETARY OF STATE

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COVER LETTER

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

SUBJECT: CON	MMUNITY FAMILY PRAG	CTICE, INC	(IDE SUFFIX)
.			
S70.00 Filing Fee	ginal and one (1) copy of the artic \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status
FROM: C	OMMUNITY FAMILY PRAC	TICE, INC (Printed or typed)	
	13876 SW 56TH STREET	•••	
	Daytime To	elephone number	

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

Jan

ARTIGLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

COMMUNITY FAMILY PRACTICE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 13876 SW 56TH STREET # 346 MIAMI, FL. 33175

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HEALTH CARE

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JOSE GONZALEZ, PRESIDENT 13876 SW 56TH STREET # 346 MIAMI, FL. 33175

ARTICLE VI REGISTERED AGENT

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

JOSE GONZALEZ, PRESIDENT 13876 SW 56TH STREET # 346 MIAMI, FL. 33175

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOSE GONZALEZ, PRESIDENT 13876 SW 56TH STREET # 346 MIAMI, FL. 33175

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

04/12/2007
Date
04/12/2007
Date

