

P07000057245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

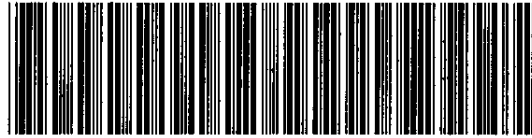
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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04/16/07--01025--005 **78.75

FILED
07 MAY -9 PM 4: 16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PA

COVER LETTER

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

SUBJECT: Pedro F. Bermann, M.D., 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Pedro F. Bermann, M.D.
Name (Printed or typed)

2600 Island Blvd., #1505
Address

Aventura, FL 33160-5257
City, State & Zip

(Cell#) 305-321-4440
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 16, 2007

PEDRO F. BERMANN M.D.
2600 ISLAND BLVD., #1505
AVENTURA, FL 33160-5257

SUBJECT: PEDRO F. BERMANN M.D., P.A.
Ref. Number: W07000018472

We have received your document for PEDRO F. BERMANN M.D., P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

Please return 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 850-245-6052.

Paisley A Alford
New Filing Section
Division of Corporations

Letter Number: 907A00025360

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:

Pedro F. Bermann, M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

2140 W. 68 Street, Suite 201
Hialeah, FL 33016

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 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Pedro F. Bermann, M.D. President & Director

ARTICLE VI REGISTERED AGENT

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


Pedro F. Bermann, M.D.
2600 Island Blvd, #1505, Aventura, FL 33160

ARTICLE VII INCORPORATOR

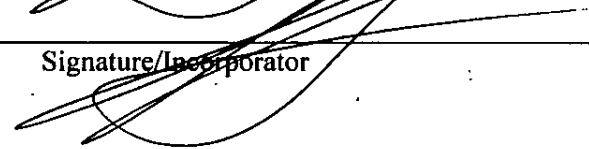
The name and address of the Incorporator is:

PEDRO F. BERMAN, MD
2600 ISLAND BLVD #1505 AVENTURA FL 33160

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

4/11/07
Date

4/11/07
Date

FILED
07 MAY -9 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA