

PD7000080051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

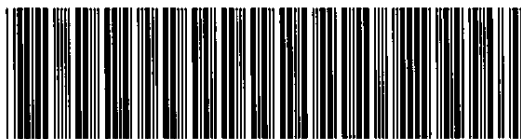
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300104040253

07/12/07--01024--008 **78.75

RECEIVED

07 JUL 12 AM 11:22

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

2007 JUL 12 P 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. WHITE JUL 13 2007

LAZARUS

CORPORATE FILING SERVICE

Requester's Name

3320 S.W. 87TH AVENUE

Address

MIAMI, FL 33165 (305) 552-5973

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. MANUEL BUSTAMANTE M.D. P.A.

(Corporation Name)

(Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☒ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

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:

MANUEL BUSTAMANTE M.D. P.A.

FILED

2007 JUL 12 P 12: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

14911 TYBEE ISLAND DR NAPLES FL 34119

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL OFFICE

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES @ 1.00 PER VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

PRESIDENT MANUEL BUSTAMANTE M.D.
14911 TYBEE ISLAND DR
NAPLES FL 34119

ARTICLE VI REGISTERED AGENT

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

MANUEL BUSTAMANTE M.D.
14911 TYBEE ISLAND DR
NAPLES FL 34119

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MANUEL BUSTAMANTE M.D.
14911 TYBEE ISLAND DR
NAPLES FL 34119

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

X 

Signature/Registered Agent

07/09/2007

Date

X 

Signature/Incorporator

07/09/2007

Date