

P070000 899/9

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

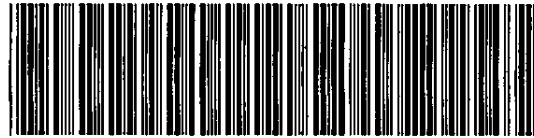
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2007 AUG 10 P 3:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. WHITE AUG 10 2007

## COVER LETTER

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

SUBJECT: Dragos Vasile 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

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Dragos Vasile

Name (Printed or typed)

6398 Longlake Drive

Address

Port Orange, FL 32128

City, State & Zip

863-599-9174

Daytime Telephone number

**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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

Dragos Vasile, M.D., P.A.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

6398 Longlake Drive, Port Orange, FL 32128

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To render professional service in the practice of medicine.

**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):

Dragos Vasile, President

**ARTICLE VI REGISTERED AGENT**

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

Dragos Vasile  
6398 Longlake Drive, Port Orange, FL 32128


**ARTICLE VII INCORPORATOR**


The name and address of the Incorporator is:

Dragos Vasile  
6398 Longlake Drive, Port Orange, FL 32128

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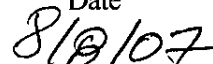
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

8/8/07

  
\_\_\_\_\_  
Date

8/8/07