

P07000117845

(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



700111270197

10/26/07--01048--002 **105.00

FILED

07 OCT 26 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
10/29

COVER LETTER

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

SUBJECT: _____

Professional Patient Services, Inc.
(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: _____

Celia A. Gonzalez
Name (Printed or typed)

9815 SW 16 ST.
Address

Miami, FL 33165
City, State & Zip

786-231-7134
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)

ARTICLE I NAME

The name of the corporation shall be:

Professional Patient Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*9815 SW. 16 ST.
Miami FL 33145*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional Corporation

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Celia A. Gonzalez, President

FILED
07 OCT 26 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Celia Gonzalez
9815 SW 16 ST
Miami, FL 33165

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Celia Gonzalez
9815 SW 16 ST
Miami, FL 33165

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 / Incorporator

Signature/Incorporator

X 10/23/2007
Date

Date

FILED
07 OCT 26 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA