

P08000022147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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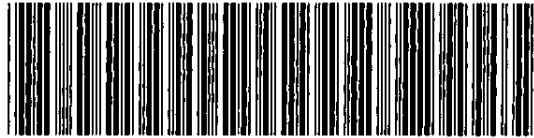
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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3-3-08  
10

## COVER LETTER

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

**SUBJECT:** All Children's Ear, Nose and Throat, 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:** Robert L. Dobbs, CHBC

Name (Printed or typed)

235 -253 2nd Avenue South

Address

St. Petersburg, FL 33701

City, State & Zip

(727) 820-0550

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:

**All Children's Ear, Nose and Throat, Inc.**

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

~~23~~ 253 2nd Avenue South  
St. Petersburg, FL 33701

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide health care services.

### **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):

Robert L. Dobbs, CHBC

~~25~~ 253 2nd Avenue South  
St. Petersburg, FL 33701

President, Treasurer, Director

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**ARTICLE VI REGISTERED AGENT**

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

Robert L. Dobbs, CHBC

235 253 2nd Avenue South  
St. Petersburg, FL 33701

**ARTICLE VII INCORPORATOR**

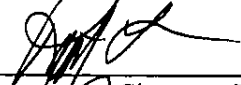
The name and address of the Incorporator is:

Robert L. Dobbs, CHBC

235 253 2nd Avenue South  
St. Petersburg, FL 33701

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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

2/26/08

\_\_\_\_\_  
Date

2/26/08

\_\_\_\_\_  
Date