

PD8000022190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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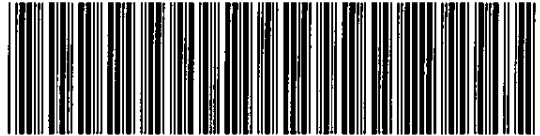
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: All Children's Otolaryngology, 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 Otolaryngology, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

235 ~~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

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

President, Treasurer, Director

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Robert L. Dobbs, CHBC
253 2nd Avenue South
St. Petersburg, FL 33701

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Robert L. Dobbs, CHBC
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