

P08000023167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

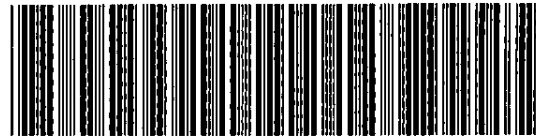
(Document Number)

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

Special Instructions to Filing Officer:

W08-10002

Office Use Only



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02/25/08--01023--012 \*\*78.75

FILED

2008 MAR -4 PM 4: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2008 FEB 25 PM 12: 00

NOT RETURNED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

T. Burch MAR 5 2008

# LAZARUS

CORPORATE FILING SERVICE  
3320 SW 87<sup>TH</sup> AVENUE  
MIAMI, FL 33165  
305-552-5973

Office Use Only

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

1. ELIZABETH LOPEZ MD, INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in  
☐ Mail out

☒ Pick up time 2:00  
☐ Will wait

☐ Photocopy

☒ Certified Copy  
☐ 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 26, 2008

LAZARUS

SUBJECT: ELIZABETH LOPEZ MD, INC.  
Ref. Number: W08000010002

We have received your document for ELIZABETH LOPEZ MD, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 108A00011877

FILED

2008 MAR -4 PM 4: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION  
OF**

The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation

**ARTICLE I NAME**

The name of the corporation shall be:

Elizabeth Lopez - M.D., P.A.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

35C Venetian Way apt 103  
\* Miami Beach FL 33139

**ARTICLE III PURPOSE**

The purpose of this corporation shall be:

medical practice.

**ARTICLE IV CAPITAL STOCK**

The number of shares of stock that this corporation is authorize to have outstanding is:

100

**ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

Elizabeth Lopez - M.D.  
\* 35C Venetian way apt 103  
Miami Beach FL 33139

**ARTICLE VI BOARD OF DIRECTOR (S)**

The name and address of the initial board of director(s) shall be:

Elizabeth Lopez M.D.  
35 C Venetian Way apt 103  
\*Miami Beach FL 33139

**ARTICLE VII OFFICER (S)**

The name, title and address of the officer(s) of this corporation shall be:

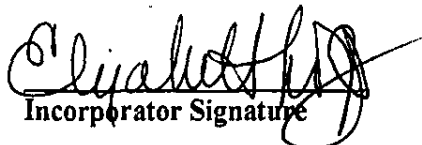
Elizabeth Lopez M.D.  
35 C Venetian Way apt 103  
\*Miami Beach FL 33139  
(PRESIDENT)

**ARTICLE VIII INCORPORATOR (S)**

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

Elizabeth Lopez M.D.  
35 C Venetian Way apt 103  
\*Miami Beach FL 33139

The undersigned has (have) executed these Articles of Incorporation this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

  
Incorporator Signature

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERD OFFICE**

**HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF  
PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE  
DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE  
APPOINTMENT AS REGISTERED AND AGREE TO ACT IN THIS CAPACITY. I  
FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES  
RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES,  
AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION  
AS REGISTERED AGENT.**

  
REGISTERED AGENT SIGNATURE