

P08000023297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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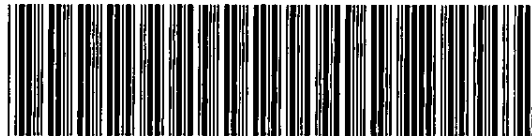
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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3-5-08

TRANSMITTAL LETTER

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

FILED
2008 MAR -3 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: GARSON M. CARUSO, MD, MPH, 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: GARSON M. CARUSO
Name (Printed or typed)

602 A STRAFFORD OAKS DR.
Address

SEBRING, FLA. 33875
City, State & Zip

863-385-6408
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:

GARSON M. CARUSO, MD, MPH, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

602A STRAFFORD OAKS DR.
SEBRING, FLA. 33875

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PRACTICE OF MEDICINE

ARTICLE IV SHARES

The number of shares of stock is:

5000 SHARE OF COMMON STOCK HAVING A \$1 PAR VALUE PER SHARE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

GARSON M. CARUSO, PRES. & DIR.
602A STRAFFORD OAKS DR.
SEBRING, FLA. 33875

VICKI D. CARUSO, VP & DIR.
602A STRAFFORD OAKS DR.
SEBRING, FLA. 33875

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

GARSON M. CARUSO
602A STRAFFORD OAKS DR.
SEBRING, FLA. 33875

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

GARSON M. CARUSO
602A STRAFFORD OAKS DR.
SEBRING, FLA. 33875

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

Gm Caruso MD

Signature/Registered Agent

2/26/08

Date

Gm Caruso MD

Signature/Incorporator

2/26/08

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA