

P08000039836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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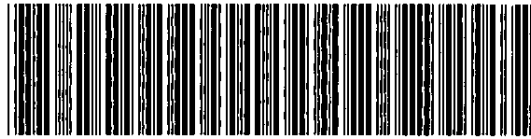
(Business Entity Name)

(Document Number)

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

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2008 APR 21 P 3:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 21 2008  
D.A. WHITE

## COVER LETTER

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

SUBJECT: Coral Reef Medical Research Group PA  
(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:

Michael Feldman DO  
Name (Printed or typed)

8750 SW 144 St #203  
Address

Miami Florida 33176  
City, State & Zip

305-255-0098  
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)

**FILED**

**ARTICLE I NAME**

The name of the corporation shall be:

Coral Reef Medical Research

2008 APR 21 P 3:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principle street address and mailing address, if different is:

9275 SW 152nd St #210  
Miami, FL 33157

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Medical Research Group

**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):

Michael Feldman co-director

Carlos Piniella co-director

8750 S.W. 144 STREET  
SUITE 203  
MIAMI, FL 33176

9275 SW 152nd St  
Ste 210  
Miami, FL 33157

**ARTICLE VI REGISTERED AGENT**

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

Michael Feldman 8750 SW 144 St # 203  
DO  
Miami, Florida 33176

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Michael Feldman DO  
8750 SW 144 St # 203 Miami, Florida 33176

\*\*\*\*\*

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

Date

Date