

PO9000009942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

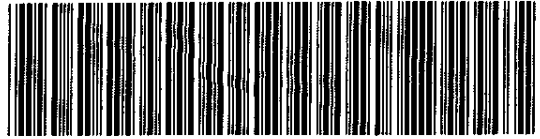
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09 JAN 30 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EP 2/2/09



IMMEDIATE
MEDICAL
CARE
SERVICES, INC.

January 27, 2009

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: University Walk In Urgent Care Center, Inc.

Attached please find the papers to incorporate University Walk In Urgent Care Center, Inc, 11550 University Boulevard, Orlando, FL 32817. Attached is the \$87.59 filing fee, certified copy and certification of status.

Thanks you for your attention.

Sincerely,



Jeffrey Faine
Registered Agent

COVER LETTER

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

SUBJECT: UNIVERSITY WALK-IN VENTURE 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: JEFFRY FAINE
Name (Printed or typed)

12010 NW 15 STREET
Address

PEMBROKE PINES FL 33026
City, State & Zip

954 885-7911
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:

University Walk- IN Urgent Care Center INC.

ARTICLE II PRINCIPAL OFFICE

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

11550 University Blvd
Orlando, FL 32817

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Walk- IN - Medical Services

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Victor Young M.D. 11550 University Blvd Orlando, FL 32817 Director
Maurice Chao M.D. 11550 University Blvd Orlando FL 32817 Director

ARTICLE VI REGISTERED AGENT

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


Jeffrey C. Faine
12010 NW 15 Street
Pembroke Pines FL 33026

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Maurice Chao
11550 University Blvd Orlando, FL 32817

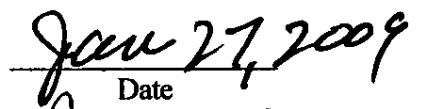
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



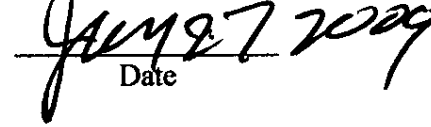
Signature/Registered Agent



Signature/Incorporator



Date



Date

FILED
09 JAN 30 PM 2:30
TALLAHASSEE, FLORIDA
SECRETARY OF STATE