

P09000026944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

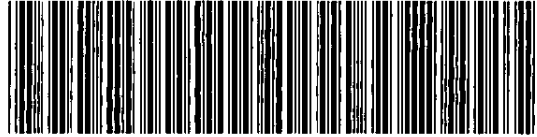
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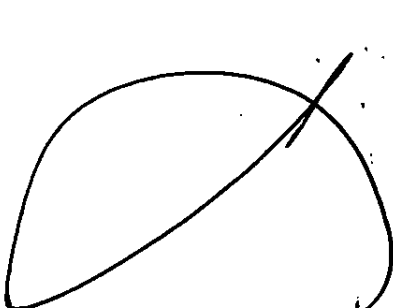
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09 MAR 25 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

 3/25

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314
(850) 245-6052

SUBJECT: EMMANUEL TANGLAO, M.D., P.C.
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status
PAYABLE TO
FL DEPARTMENT OF STATE

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: EMMANUEL TANGLAO, M.D., P.C.
Name (Printed or typed)

3178 BARINGER HILL DR
Address

TALLAHASSEE, FL 32311
City, State & Zip

850.567.9671
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 9, 2009

EMMANUEL TANGLAO
3178 BARINGER HILL DR.
TALLAHASSEE, FL 32311

SUBJECT: EMMANUEL TANGLAO, M.D., P.C.
Ref. Number: W09000011031

We have received your document for EMMANUEL TANGLAO, M.D., P.C. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The only acceptable corporate suffixes for professional associations are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED.

Please return 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) 245-6934.

Loria Poole
Regulatory Specialist II

Letter Number: 009A00008038

Name change: Emmanuel Tanglao, M.D., P.A.

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:

EMMANUEL TANGLAO, M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

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

3178 BARINGER HILL DR
TALLAHASSEE, FL 32311

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
PRACTICING THE PROFESSION OF MEDICINE

ARTICLE IV SHARES

The number of shares of stock is:
1,000 SHARES OF COMMON STOCK OF \$1.00 PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
EMMANUEL TANGLAO - PRESIDENT & TREASURER
3178 BARINGER HILL DR, TALLAHASSEE, FL 32311

ANGELICA TANGLAO - SECRETARY
3178 BARINGER HILL DR, TALLAHASSEE, FL 32311

ARTICLE VI REGISTERED AGENT

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

EMMANUEL TANGLAO
3178 BARINGER HILL DR
TALLAHASSEE, FL 32311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

EMMANUEL TANGLAO
3178 BARINGER HILL DR
TALLAHASSEE, FL 32311

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

x _____
Signature/Registered Agent

x 2-10-09
Date

x _____
Signature/Incorporator

x 2-10-09
Date

FILED
09 MAR 25 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA