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09 MAY 20 PM 12:42
CLERK OF STATE
TALLAHASSEE, FLORIDA

B. McKnight MAY 21 2009

COVER LETTER

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

SUBJECT: AMS PSYCHIATRY 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: ASTRID MARIA SANDE, M.D.
Name (Printed or typed)

6767 N. Wickham Rd., suite 306
Address

Melbourne, FL 32940
City, State & Zip

(646) 221-3127
Daytime Telephone number

asande@rocketmail.com
E-mail address: (to be used for future annual report notification)

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:

AMS PSYCHIATRY INC.

ARTICLE II PRINCIPAL OFFICE

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

6767 N. Wickham Rd., Suite 306
Melbourne, FL 32940

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose for which the corporation is organized is to
provide mental health services.

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ASTRID MARIA SANDE, M.D.

6767 N. Wickham Rd., Suite 306, Melbourne, FL 32940

PRESIDENT

ARTICLE VI REGISTERED AGENT

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

ASTRID MARIA SANDE, M.D.

6767 N. Wickham Rd., Suite 306

Melbourne, FL 32940

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ASTRID MARIA SANDE, M.D.

6767 N. Wickham Rd., Suite 306

Melbourne, FL 32940

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

Astrid Sande

Signature/Registered Agent ASTRID SANDE

Astrid Sande

Signature/Incorporator ASTRID SANDE

5/16/09

Date

5/16/09

Date

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TALLAHASSEE, FLORIDA