

P09000054762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

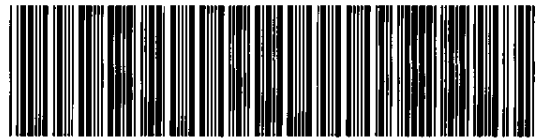
(Document Number)

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

Special Instructions to Filing Officer:  
  
~~W09-24852~~

Office Use Only

*[Handwritten Signature]*  
6/24



900156246969

05/26/09--01012--023 \*\*78.75

09 JUN 23 PM 4:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED



RECEIVED  
DEPARTMENT OF STATE

09 JUN 11 PM 4:37

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 27, 2009

PETER LAMELAS, MD  
9060 NORTH MILITARY TRAIL  
PALM BEACH GARDENS, FL 33410

SUBJECT: MD PRIMARY CARE MEDICAL CENTERS INC.  
Ref. Number: W09000024852

We have received your document for MD PRIMARY CARE MEDICAL CENTERS INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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: 109A00017848

**COVER LETTER**

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

**SUBJECT:** MD Primary Care Medical Centers 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

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

**FROM:** Peter Lamelas, MD  
Name (Printed or typed)

9060 North Military Trail  
Address

Palm Beach Gardens, FL 33410  
City, State & Zip

561-622-2442  
Daytime Telephone number

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

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 12, 2009

PETER LAMELAS, MD  
9060 NORTH MILITARY TRAIL  
PALM BEACH GARDENS, FL 33410

SUBJECT: MD PRIMARY CARE MEDICAL CENTERS INC.  
Ref. Number: W09000024852

We have received your document for MD PRIMARY CARE MEDICAL CENTERS INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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: 109A00017848

RECEIVED  
DEPARTMENT OF STATE  
09 JUN 23 AM 10:26

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

APPROVED  
AND  
FILED  
09 JUN 23 PM 4:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

MD Primary Care Medical Centers Inc.

**ARTICLE II PRINCIPAL OFFICE**

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

9060 North Military Trail  
Palm Beach Gardens, FL 33410

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Medical care

**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):

Peter Lamelas, MD  
Medical Director  
9060 North Military Trail  
Palm Beach Gardens, FL 33410

**ARTICLE VI REGISTERED AGENT**

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

Peter Lamelas, MD  
9060 North Military Trail  
Palm Beach Gardens, FL 33410

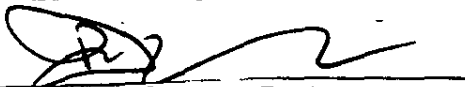
**ARTICLE VII INCORPORATOR**

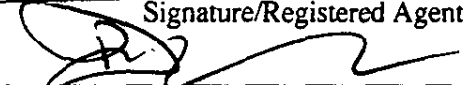
The name and address of the Incorporator is:

Peter Lamelas, MD  
9060 North Military Trail  
Palm Beach Gardens, FL 33410

\*\*\*\*\*

*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  
5/21/09  
\_\_\_\_\_  
Date