

P09000071023

(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:

Office Use Only



900159844629

08/24/09--01059--007 \*\*78.75

FILED  
09 AUG 24 AM 11:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. McKnight AUG 25 2009

## COVER LETTER

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

**SUBJECT:** GULF BAY MEDICAL CENTER, 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:** GULF BAY MEDICAL CENTER, INC

Name (Printed or typed)

7825 NORTH DALE MABRY BUILDING UNIT 6 STE 206

Address

TAMPA, FL 33614

City, State & Zip

813-417-6412

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:

GULF BAY MEDICAL CENTER, INC

### **ARTICLE II PRINCIPAL OFFICE**

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

7825 NORTH DALE MABRY BUILDING UNIT 6 STE 206 TAMPA, FL 33614

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

HEALTH CARE CLINIC

### **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):

LESLIE RUIZ PRESIDENT

7825 NORTH DALE MABRY BUILDING UNIT 6 STE 206

TAMPA, FL 33614

### **ARTICLE VI REGISTERED AGENT**

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

LESLIE RUIZ

7825 NORTH DALE MABRY BUILDING UNIT 6 STE 206

TAMPA, FL 33614

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

LESLIE RUIZ

7825 NORTH DALE MABRY BUILDING UNIT 6 STE 206

TAMPA, FL 33614

\*\*\*\*\*

*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*

*Leslie Ruiz*

Signature/Registered Agent

*Leslie Ruiz*

Signature/Incorporator

8/20/09

Date

08/20/09

Date

FILED  
09 AUG 24 AM 11:14  
CLERK OF STATE  
TALLAHASSEE, FLORIDA