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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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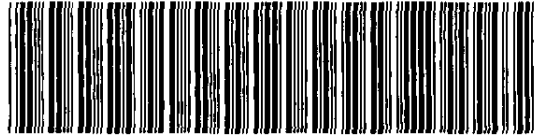
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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nd
9-21-09

COVER LETTER

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

SUBJECT: Oviedo Urgent Care 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:

William Delisca PhD
Name (Printed or typed)

110 Alafaya wood Blvd # A
Address

Oviedo, FL 32765
City, State & Zip

407 802-7070
Daytime Telephone number

OviedoUrgentCare@yahoo.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:

Oviedo Urgent Care Center INC

ARTICLE II PRINCIPAL OFFICE

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

110 Alafaya Woods Blvd #A
Oviedo, FL 32765

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Center

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):

Parnel Delisca (President)
110 Alafaya Woods Blvd #A
Oviedo FL 32765

ARTICLE VI REGISTERED AGENT

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

110 Alafaya Woods Blvd #A
Oviedo, FL 32765

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Parnel Delisca
110 Alafaya Woods Blvd #A
Oviedo, FL 32765

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

Parnel Delisca

Signature/Registered Agent

Parnel Delisca

Signature/Incorporator

9/16/2009

Date

9/16/2009

Date

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CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE STATE OF FLORIDA