

PD9000095708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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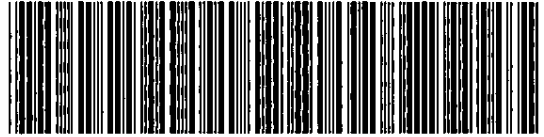
(Business Entity Name)

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2009 NOV 23 P 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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NOV 24 2009
D. A. WHITE

COVER LETTER

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

SUBJECT: Tampa Bay Medical 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: Guillermo Caceres
Name (Printed or typed)

215 Sligh Ave. East
Address

Tampa, Florida 33604
City, State & Zip

(813)341-2200
Daytime Telephone number

interactivelogo@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)

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SECRETARY OF STATE
TAMPA, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Tampa Bay Medical Care Center, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: 215 Sligh Ave. East, Tampa, FL, 33604

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to transact any and all lawful business for which corporations may be organized under the laws of the state of Florida, and to have all powers which are afforded to corporations under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: The maximum number of shares this Corporation is authorized to issue is 100, all of which shall be Common Shares. The Par Value is equal to \$1.00.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Initial Officer and Director Guillermo Caceres
215 Sligh Ave. East, Tampa, FL, 33604

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Guillermo Caceres 215 Sligh Ave. East, Tampa, FL, 33604


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Guillermo Caceres 215 Sligh Ave. East, Tampa, FL, 33604

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

11/18/09

Date

11/18/09

Date