## P09000102632

| (Requestor's Name)                      |  |  |  |  |
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| (Address)                               |  |  |  |  |
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| (Address)                               |  |  |  |  |
|   |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
|   |  |  |  |  |
| PłCK-UP WAIT MAIL                       |  |  |  |  |
|   |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Business Littly Name)                  |  |  |  |  |
|   |  |  |  |  |
| (Document Number)                       |  |  |  |  |
|   |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
|   |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
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SECRETARY OF LANDSEE. FL

DEC 23 PM 2:3





## **COVER LETTER**

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

| SUBJECT: Dermate        | ology and Skin Cancer Center In-<br>(PROPOSED CORPORA | c.<br>Ate name – <u>must incl</u>   | UDE SUFFIX)   |
|-------------------------|---|-------------------------------------|---|
| Enclosed are an orig    | inal and one (1) copy of the art                      | icles of incorporation and          | a check for:  |
| □ \$70.00<br>Filing Fee | ☑ \$78.75 Filing Fee & Certificate of Status          | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate o Status |
|                         |   | ADDITIONAL CO                       |   |
| -                       | 0 Dr. Phillips Blvd Suite 200                         | e (Printed or typed)                |   |
| Orla                    | ando, FL 32819  | Address , State & Zip               |   |
| 407                     | 217 5329 Daytime                                      | Telephone number                    |   |
| shud                    | dgens@gmail.com E-mail address: (to be use            | ed for future annual report r       | notification)   |

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

| ARTICLE I NAME  The name of the corporation shall be:   | Chi C Andre Too  |
|---|--|
| Vermatology and   | Skin Cancer Center Inc.  |
|   |  |
| ARTICLE II PRINCIPAL OFFICE   |  |
| The principal <u>street</u> address and mailing address, if different is:                       | ~ · ·  |
| 2450 Dr. Phillips   | s Blud   |
| Suite 200   |  |
| ARTICLE III PURPOSE Orlando FL 328  | 519  |
| The purpose for which the corporation is organized is:  |  |
|   | . 1. 1   |
| To provide Dermatological   | 4 medical services, doctors  |
| ARTICLE IV SHARES   |  |
| The number of shares of stock is:   |  |
| 100   |  |
|   |  |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR  | <u>\$</u>  |
| List name(s), address(es) and specific title(s):  |  |
| Owner: Jeannette Hudgens MD<br>9042 Shawn Park PL<br>Orlando FL 32819                           |  |
| 9042 Shown Park PL  | ALL<br>ALL   |
| Orlando FL 32819  | ₽ <u>₽</u> ₽   |
| ARTICLE VI REGISTERED AGENT   | ASE C  |
| The name and Florida street address (P.O. Box NOT acceptable) of                                | SECRETARY FILE OF THE PROPERTY |
| Jeannette Hudgens MD  |  |
| 9042 Shawn Park Place   | PH 2:  |
|   |  |
| Orlando FL 32819  | Am Si  |
| ARTICLE VII INCORPORATOR  |  |
| The name and address of the Incorporator is:  | , DI   |
| orlando FL 328  | 319  |
| Jeannette Hudgens MD - 9042 Shown Park<br>Orlando FL 328<br>ANTICLE VIII Effictive Date: 1/1/20 | 10   |
| *******************   | ******   |
| Having been named as registered agent to accept service of proces                               | s for the above stated corporation at the  |
| place designated in this certificate, I am familiar with and accept                             | <del>-</del>   |
| agree to act in this capacity   | 11 0 0   |
|   |  |
| ( /-///   | 12/18/09   |
|   | Date   |
| 7 1/1   |  |
| 1-1-1-h   | 12/18/09   |
| ///Signature/Incorporator   | Date   |
| · · · ·   |  |

**ARTICLES OF INCORPORATION** 

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