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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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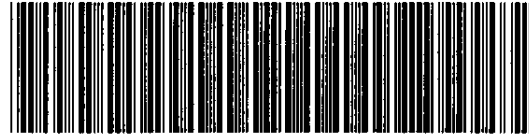
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

10/18/2010

COVER LETTER

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

SUBJECT: Andlos Institute , 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: Robert Carlson

Name (Printed or typed)

#1901 Floyd Street

Address

Sarasota, FL 34239

City, State & Zip

941-685-2212

Daytime Telephone number

Robheart1@comcast.net

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: Andlo's Institute, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
1901 Floyd St. Suite 302
Sarasota, FL 34239

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To provide medical care to patients

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert G Carlson, MD Director
Address: 1901 Floyd Street Suite 302
Sarasota, FL 34239

Name and Title: _____
Address: _____

Name and Title: Bryan Holmes, Manager
Address: 1901 Floyd Street, Suite 302
Sarasota, FL 34239

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Robert G Carlson, MD
Address: 1901 Floyd Street, Suite 302
Sarasota, FL 34239

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert G Carlson, MD
Address: 1901 Floyd Street, Suite 302
Sarasota, FL 34239

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

Required Signature/Registered Agent

10/7/10
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

10/7/10
Date

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