

P10000087538

(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:

NO COPY

Office Use Only



800186849128

10/25/10--01020--002 \*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 OCT 26 PM 2:49

FILED

T. Burch OCT 27 2010

## COVER LETTER

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

SUBJECT: LMF SMITH & ASSOCIATES, P.A.

(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: LISA F SMITH

Name (Printed or typed)

PO BOX 451851

Address

SUNRISE, FLORIDA 33345

City, State & Zip

\_\_\_\_\_  
Daytime Telephone number

united\_adultcare@hotmail.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: **LMF SMITH & ASSOCIATES, P.A.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**3804 NORTHLAKE BLVD**  
**PALM BEACH GARDENS, FL**  
**33403**

Mailing address, if different is:  
**PO BOX 451851**  
**SUNRISE, FL 33345**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**MEDICAL SERVICES, SURGICAL ASSISTANCE**

**ARTICLE IV SHARES**

The number of shares of stock is: **1**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <b>LISA F SMITH, D MPH, PA-C</b>	Name and Title: _____
Address: <b>PO BOX 451851</b>	Address: _____
<b>SUNRISE, FL 33345</b>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: **PRESS & WESOCKES, LLP CPA**  
Address: **4801 S. UNIVERSITY DRIVE, SUITE 3030**  
**DAVIE, FL 33328**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **LISA F SMITH**  
Address: **PO BOX 451851**  
**SUNRISE, FL 33345**

*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*

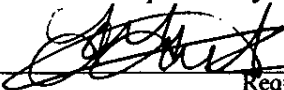


Required Signature/Registered Agent

**10-18-2010**

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

**10/15/2010**

Date

FILED  
2010 OCT 26 PM 2:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA