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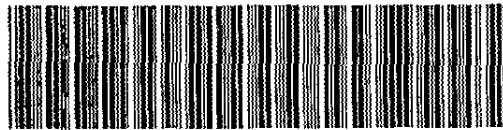
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UND 12/16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 16, 2010

NANCY ZIMMER
415 SABAL WAY
WESTON, FL 33326

SUBJECT: NANCY ZIMMER, PHD., P.A.
Ref. Number: W10000053734

We have received your document for NANCY ZIMMER, PHD., P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

An effective date may be added to the Articles of Incorporation **if a 2011 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 710A00026887

COVER LETTER

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

SUBJECT: Nancy Zimmer, Ph.D, 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: Nancy Zimmer

Name (Printed or typed)

415 Sabal Way

Address

Weston, Florida 33326

City, State & Zip

954 385-7119

Daytime Telephone number

nancyagold@aol.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 Nancy Zimmer, PhD., P.A.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
415 Sabal Way
Weston, Florida 33326

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:

Mental Health Services naz

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nancy Zimmer President
Address: 415 Sabal Way
Weston, Florida 33326

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: Nancy Zimmer
Address: 415 Sabal Way
Weston, Florida 33326

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nancy Zimmer
Address: 415 Sabal Way
Weston, Florida 33326

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

Nancy Zimmer

Required Signature/Registered Agent

11/08/2010

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.

Nancy Zimmer

Required Signature/Incorporator

11/08/2010

Date

Effective Date 1-1-2011

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TALLAHASSEE, FLORIDA