

P110000021565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

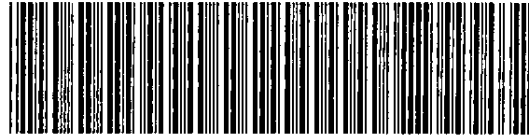
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/28/11--01013--018 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 FEB 28 PM 4:35

APPROVED
AND
FILED

172

COVER LETTER

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

SUBJECT: J. Chang, M.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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: John Chang, M.D.

Name (Printed or typed)

11912 Sheldon Road, Suite B

Address

Tampa, FL 33626

City, State & Zip

813-920-8882

Daytime Telephone number

mdjohnchang@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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be:

J. Chang, M.D., P.A.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

11912 Sheldon Rd, Suite B

Tampa, FL 33626

Mailing address, if different from principal office
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Office

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John Chang, M.D., President

Address: 11912 Sheldon Rd, Suite B

Tampa, FL 33626

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: John Chang, M.D.

Address: 11912 Sheldon Rd, Suite B

Tampa, FL 33626

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: John Chang, M.D.

Address: 11912 Sheldon Rd, Suite B

Tampa, FL 33626

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

02/10/2011

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

02/10/2011

Date