

P11000022884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

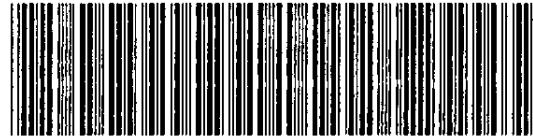
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W11-10282

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02/18/11--01034--019 **78.75

FILED
11 MAR -2 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UMD 3/9

COVER LETTER

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

SUBJECT: ORTHO MEDICAL SERVICES, 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

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

FROM: TODD CIELO
Name (Printed or typed)

3710 W. EUCLID AVE
Address

TAMPA, FL 33629
City, State & Zip

813-835-7550
Daytime Telephone number

CIELOCHIROPRACTIC@MSN.COM
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 21, 2011

TODD CIELO
3710 W. EUCLID AVE
TAMPA, FL 33629

SUBJECT: ORTHO MEDICAL SERVICES, INC.
Ref. Number: W11000010282

We have received your document for ORTHO MEDICAL SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the name of the Corporation in Article I.

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) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 411A00004394

WILLIAM W. CHASTAIN
Post Office Box 222
Tampa, FL 33601
Telephone (813) 333-8721

RECEIVED

11 MAR -2 AM 11:21

DIVISION OF CORPORATIONS
February 24, 2011

Florida Dept of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attention:
Valerie
Heming
Regulatory
Specialist II
New Filing
Section

To Whom It May Concern:

Pursuant to the enclosed letter from you, we are enclosing the corrected original and one copy of the Articles of Incorporation for ORTHO MEDICAL SERVICES, INC. also.

Should you have any further questions, please contact Dr. Todd Cielo (business card enclosed) or the undersigned William W. Chastain, at 813-835-7550.

Thank you for your anticipated cooperation.

Very truly yours,
William W. Chastain
Contract Administrator
for Cielo Chiropractic

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

FILED
11 MAR -2 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Ortho Medical Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3710 W. EUCLID AVE
TAMPA, FL 33629

Mailing address, if different

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

In general, to have and exercise all powers by the laws of Florida upon corporations incorporated in compliance with Chapter 607, Fla Statutes, and specifically to engage in the distribution of T.E.N.S. units to physicians and supply packages to patients post prescription.

ARTICLE IV SHARES

The number of shares of stock is: 200 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Todd Gelo, President
Address: 3710 W. Euclid Ave
Tampa, FL 33629

Name and Title: Dr. Todd Gelo, Secretary
Address: 3710 W. Euclid Ave
Tampa, FL 33629

Name and Title: Dr. Todd Gelo, VP
Address: 3710 W. Euclid Ave
Tampa, FL 33629

Name and Title: Dr. Todd Gelo, Director
Address: 3710 W. Euclid Ave
Tampa, FL 33629

Name and Title: Dr. Todd Gelo, Treasurer
Address: 3710 W. Euclid Ave
Tampa, FL 33629

Name and Title: N/A
Address: N/A

ARTICLE VI REGISTERED AGENT

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

Name: Dr. Todd Gelo
Address: 3710 W. Euclid Ave
Tampa, FL 33629

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dr. Todd Gelo
Address: 3710 W. Euclid Ave
Tampa, FL 33629

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

2/13/11

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

2/13/11

Date