

P110000041133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

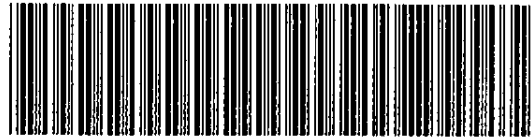
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200204051872

04/27/11--01022--016 **87.50

FILED

2011 APR 27 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SC 4/28

COVER LETTER

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

SUBJECT: Florida Internal Medicine Associates, 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: Richard Saint-Eloi

Name (Printed or typed)

4861 NW 15 Street

Address

Coconut Creek, FL 33063

City, State & Zip

954-579-1516 and/or 954-650-7447

Daytime Telephone number

notach@bellsouth.net ✓

E-mail address: (to be used for future annual report notification)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 APR 27 PM 2:30

FILED

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

Florida Internal Medicine Associates, Inc
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
4861 NW 15 Street
Coconut Creek, FL 33063

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To Render Medical Services.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Donovan Nemphard, President
Address: 9700 NW 52nd Manor
Coral Springs, FL 33076

Name and Title: _____
Address: _____

Name and Title: Victor Cabezudo, VP
Address: 600 Via Lugano # 108
Boyton Beach, FL 33436

Name and Title: _____
Address: _____

Name and Title: Sandra Saint-Eloi, VP
Address: 4861 NW 15 Street
Coconut Creek, FL 33063

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: Richard Saint-Eloi
Address: 4861 NW 15 Street
Coconut Creek, FL 33063

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Richard Saint-Eloi
Address: 4861 NW 15 Street
Coconut Creek, FL 33063

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

4-23-11

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

4-23-11

Date

FILED
2011 APR 27 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FL 32304