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TALLAHASSEE, FLORIDA

END 5/2

COVER LETTER

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

SUBJECT: XUNDA A. GIBSON, M.D., PA

(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: XUNDA A. GIBSON

Name (Printed or typed)

2400 W. SAMPLE ROAD SUITE 4

Address

POMPANO BEACH, FL 33073

City, State & Zip

954-580-1036

Daytime Telephone number

XGIBSON@HOTMAIL.COM

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

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

General Affidavit

State of Florida

County of Broward

BEFORE ME, the undersigned Notary, JORGE E. ACOSTA
this 25th day of April, 2011, personally appeared Xunda A. Gibson, known to me to be a credible person and
of lawful age, who being by me first duly sworn, on her oath, deposes and says:

Xunda A. Gibson, president of Xunda A. Gibson, M.D., Inc., tax id number 20-2185874, voluntarily dissolved
the corporation effective 4/11/2011 and has no intention of ever reinstating this corporation in the future.
Thus, I release the name to be used by another entity. Specifically, Xunda A. Gibson, M.D., P.A., document
number W11000021847.

Signature of affiant

Xunda A. Gibson

Name of affiant

2400 W. Sample Road Ste 4

Address of affiant, line 1

Pompano Beach, FL 33073

Address of affiant, line 2

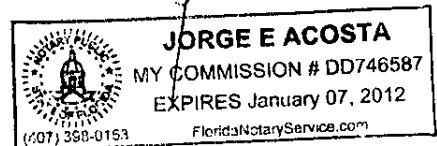
State of Florida

County of Broward

Sworn to and subscribed before me this 25 day of April, 2011, by Xunda A. Gibson.

Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public



Personally Known _____ OR Produced Identification ✓

Type of Identification Produced FL DL G125941747150

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TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

XUNDA A. GIBSON, M.D., PA
The name of the corporation, shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
2400 W. SAMPLE ROAD STE 4
POMPANO BEACH, FL 33073

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
PROVIDE ALL ASPECTS OF MEDICAL CARE

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT
Address: XUNDA A. GIBSON
2400 W. SAMPLE ROAD, STE 4
POMPANO BEACH, FL 33073

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: XUNDA A. GIBSON
Address: 2400 W. SAMPLE ROAD STE 4
POMPANO BEACH, FL 33073

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: XUNDA A. GIBSON
Address: 2400 W. SAMPLE ROAD STE 4
POMPANO BEACH, FL 33073

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

4/26/2011

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

4/26/2011

Date