

PI 1000041977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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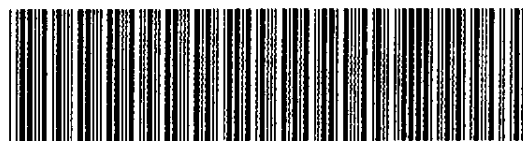
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 5/2

COVER LETTER

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

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

FROM: Mark Jawahir
Name (Printed or typed)

3190 S. State Rd 7 ste 12-B
Address

Miramar , FL 33023
City, State & Zip

863-381-0118
Daytime Telephone number

Jawahirmd@gmail.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

The name of the corporation shall be: Comprehensive Medical Center, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3190 s. state rd 7
ste 12-b
Miramar, FL 33023

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Professional / Medical

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mark Jawahir President
Address: 3190 s. state 7 12-b
miramar, fl 33023

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: Mark Jawahir
Address: 3190 s. state rd 7 12-b
Miramar, FL 33023

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mark Jawahir
Address: 3190 s. state rd 7 12-b
Miramar, FL 33023

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

Mark Jawahir
Required Signature/Registered Agent

April 22nd 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.

Mark Jawahir
Required Signature/Incorporator

April 22nd 2011
Date

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TALLAHASSEE, FLORIDA