

P11000051935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

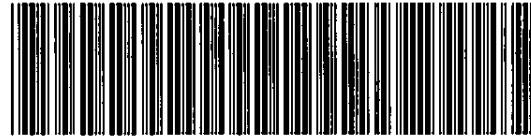
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100208204101

05/31/11--01008--011 \*\*87.50

FILED  
11 MAY 31 PM 12:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K 06/02/11

## **COVER LETTER**

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

**SUBJECT: CONNIE DEE, M.D., P.A.**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

**\$87.50**

For:

- Filing Fee
- Certificate of Status
- Certified Copy

**FROM:**

Connie C. Dee, M.D.  
1801 NE 6<sup>th</sup> Ct.  
Fort Lauderdale, FL 33304  
954-610-4252

E-mail address: [conniecddee@hotmail.com](mailto:conniecddee@hotmail.com)

## 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: **CONNIE DEE, M.D., P.A.**

### ARTICLE II PRINCIPAL OFFICE

The principal street and mailing address of the corporation shall be:

1801 NE 6<sup>th</sup> COURT  
FORT LAUDERDALE, FL 33304

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is to practice medicine.

### ARTICLE IV SHARES

The number of shares of stock is: ONE THOUSAND (1,000) SHARES

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

CONNIE C. DEE, M.D.  
PRESIDENT AND DIRECTOR  
1801 NE 6<sup>th</sup> COURT  
FORT LAUDERDALE, FL 33304

### ARTICLE VI REGISTERED AGENT

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

CONNIE C. DEE, M.D.  
1801 NE 6<sup>th</sup> COURT  
FORT LAUDERDALE, FL 33304

FILED  
11 MAY 31 PM 12:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CONNIE C. DEE, M.D.  
1801 NE 6<sup>th</sup> COURT  
FORT LAUDERDALE, FL 33304

*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*

Connie Dee  
Required Signature/Registered Agent

5/25/11  
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.*

Connie Dee  
Required Signature/Incorporator

5/25/11  
Date