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SECRETARY OF STATE
TALLAHASSEE, FL 32301

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SC
7-8-11

COVER LETTER

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

SUBJECT: NeuroPsychiatry Practice, P.A.
(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: Julian A Bravo, M.D.
Name (Printed or typed)

330 SW 27th. Avenue Suite 304
Address

Miami, Florida 33135
City, State & Zip

305-642-9918
Daytime Telephone number

jabemd@hotmail.com
E-mail address: (to be used for future annual report notification)

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

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TALLAHASSEE, FLORIDA

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

ARTICLE I NAME NeuroPsychiatry Practice, P.A.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address 330 SW 27Th Avenue Mailing address, if different is: Same
Suite 304
Miami, Florida 33135

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
To provide mental health and counseling to adult patients through my private practice, and all lawful intents due to the business of my profession.

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: Julian A. Bravo, M.D.-President Name and Title: _____
Address: 330 SW 27Th Avenue Address: _____
Suite 304
Miami, Florida 33135
Name and Title: _____ Name and Title: _____
Address: _____ Address: _____
Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: Julian A. Bravo, M.D.
Address: 330 SW 27Th Avenue Suite 304
Miami, Florida 33135

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: Carlos A. Gutierrez
Address: 15522 Fiorenza Circle
Delray Beach, Florida 33446

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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 07/01/2011
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.

Chutiérrez
Required Signature/Incorporator 07/01/2011
Date