

PI1000080591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

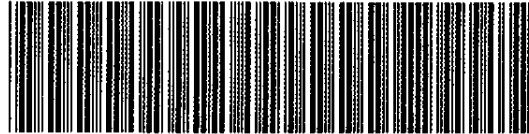
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Special Instructions to Filing Officer:

WH-45924

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09/02/11--01006--002 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 SEP -9 PM 5:29

APPROVE
AND
FILED

WH

COVER LETTER

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

SUBJECT: Joanna M. Rodriguez, M.D., 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: Howard Mofsen CPA

Name (Printed or typed)

9728 W. Sample Rd

Address

Coral Springs, FL 33065

City, State & Zip

954 753-3545

Daytime Telephone number

homof@mindspring.com

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 6, 2011

HOWARD MOFSEN CPA
9728 W. SAMPLE RD
CORAL SPRINGS, FL 33065

SUBJECT: JOANNA M. RODRIGUEZ, M.D., P.A.
Ref. Number: W11000045924

We have received your document for JOANNA M. RODRIGUEZ, M.D., P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 411A00020623

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

ARTICLE I NAME Joanna M. Rodriguez, M.D., P.A.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
252 W. Forest Oak Circle
Davie, FL 33325

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

All legal purposes. - Medical Doctor, Nephrology Services.

ARTICLE IV SHARES

The number of shares of stock is One Thousand

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joanna M. Rodriguez, President
Address: 252 W. Forest Oak Circle
Davie, FL 33325

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: Howard J Mofsen
Address: 9728 W Sample Rd
Coral Springs, FL 33065

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joanna M Rodriguez
Address: 252 W Forest Oak Circle
Davie, FL 33325

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

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

Date

APPROVAL
AND
FILED
17 SEP -9 PM 5:29
TALLAHASSEE, FLORIDA
8-29-11

8/25/11
Date