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COVER LETTER

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

SUBJECT: WEST PINES HEALTH CENTER, 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:

DR. STEVEN CANE

Name (Printed or typed)

7797 N. Univ. Dr. #101

Address

TAMARAC, FL 33321

City, State & Zip

(954) 722-6050

Daytime Telephone number

drane@bellsouth.net

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: West Pines Health Center, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

20170 Pines Blvd #101
Pembroke Pines, FL
33029

Mailing address, if different is:

7797 N. Univ. Dr. #101
TAMPA, FL 33321

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HEALTHCARE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Steven Lane

Address: 7797 N. Univ. Dr. #101
TAMPA, FL 33321

Name and Title: _____

Address: _____

Name and Title: Dr. Diego Rostzer

Address: 7797 N. Univ. Dr. #101
TAMPA, FL 33321

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: Dr. Steven Lane
Address: 7797 N. Univ. Dr. #101
TAMPA, FL 33321

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dr. Steven Lane
Address: 7797 N. Univ. Dr. #101
TAMPA, FL 33321

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

Dr. Steven M. Lane

Required Signature/Registered Agent

9/13/11

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.

Dr. Steven M. Lane

Required Signature/Incorporator

9/13/11

Date

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