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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 SEP 30 PM 12:41

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COVER LETTER

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

SUBJECT: Regency Vein Center of Miami, 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

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Rick Z. Fragg, MD
Name (Printed or typed)
11400 N. Kendall Drive, #214
Address
Miami, FL 33176
City, State & Zip
305-273-5511
Daytime Telephone number
mily@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:

Regency Vein Center of Miami, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

11400 N. Kendall Dr
Suite 214
Miami, FL 33176

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical vein practice "Professional Corporation"

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rick Z. Fraga, MD (President) Name and Title:

Address: 11400 N. Kendall Drive Address:

Suite 214
Miami, FL 33176

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: Rick Z. Fraga, MD

Address: 11400 N. Kendall Drive, #214
Miami, FL 33176

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rick Z. Fraga, MD

Address: 11400 N. Kendall Drive, #214
Miami, FL 33176

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

[Signature]

Required Signature/Registered Agent

9/23/11
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.

[Signature]

Required Signature/Incorporator

9/23/11
Date