

P 11000101616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

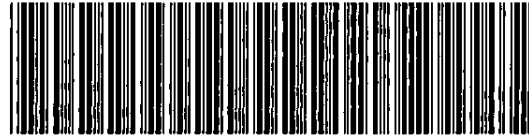
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500214570025

11/28/11--01015--024 **137.50

FILED
2011 NOV 28 PM 4:24
TREASURY OF ST. LOUIS
MAIL ROOM

T. Burch NOV 29 2011

COVER LETTER

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

SUBJECT: DOMESTICATION OF CALIFORNIA CORPORATION

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

ALSO INCLUDED: CERTIFICATE OF AMENDMENT OF
ARTICLES OF INCORPORATION.

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status \$ 8.75

WALTER SEIFERT
Name (printed or typed)

285 UPTOWN BLVD., APT. 429
Address

ALTAMONTE SPRINGS, FL 32701
City, State & Zip

(407) 212-5589
Daytime Telephone Number

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

CERTIFICATE OF DOMESTICATION

The undersigned, WALTER SEIFERT, PRESIDENT,
(Name) (Title)

of DR. SEIFERT'S CLINIC, INC. a foreign corporation,
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was MAY 22, 2002
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was STATE OF CALIFORNIA
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was DR. SEIFERT'S CLINIC, INC.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is DR. SEIFERT'S CLINIC, INC.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was STATE OF CALIFORNIA
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am PRESIDENT, of DR. SEIFERT'S CLINIC, INC.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done

so this the 23 day of NOVEMBER, 2011



(Authorized Signature)

Filing Fee:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

DR. SEIFERT'S CLINIC, INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

370 CENTER POINTE CIRCLE, SUITE 1116
ALTAMONTE SPRINGS, FL 32701

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

TO ENGAGE IN THE PROFESSION OF MEDICINE

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS:

1,000.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

WALTER SEIFERT, M.D. PRESIDENT
SONIA RAMIREZ-SEIFERT, M.D. VICE PRESIDENT

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

DR. WALTER SEIFERT
285 UPTOWN BLVD., APT. 429
ALTAMONTE SPRINGS, FL 32701

ARTICLE VII INCORPORATOR

THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:

DR. WALTER SEIFERT
285 UPTOWN BLVD., APT 429
ALTAMONTE SPRINGS, FL 32701

HAVING BEEN NAMED AS REGISTERED AGENT AND 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/Registered Agent

Date

Signature/Incorporator

Date

FILED

NOV 28 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA