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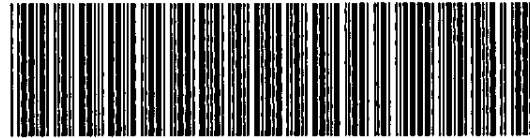
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: VALENCIA NEUROSPINA 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: CHRISTOPHER LINTAO VALENCIA, M.D.
Name (Printed or typed)

8702 BAY LAUREL CT
Address

TAMPA, FLORIDA 33647
City, State & Zip

(352) 633-1880
Daytime Telephone number

CHRIS.CLVMD@VERIZON.NET
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

Articles of Incorporation of VALENCIA NEUROSPINA CENTER, P.A.

2012 JAN -9 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

THE UNDERSIGNED, in order to form a corporation for the purposes hereinafter stated, under and pursuant to the provisions of General Corporation Law of the State of FLORIDA, hereby certifies as follows:

ARTICLE I CORPORATE NAME

The name of this corporation is VALENCIA NEUROSPINA CENTER, P.A.

ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The principal place of business of the Corporation shall be 729 C.R. 466, LADY LAKE, FLORIDA 32159.

The mailing address of the Corporation shall be the same as its principal address.

ARTICLE III PURPOSES

The purpose of the Corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Laws of the State of FLORIDA, and shall be as follows:

- (A) To engage in every aspect of the practice of Medicine;
- (B) To engage in and render the professional services herein permitted and authorized only through its officers, employees, and agents who are physicians in good standing and duly licensed or otherwise legally qualified and authorized within the state of Florida to render the same professional services as the Corporation;
- (C) To invest its funds in real estate, mortgages, stocks, bonds, and any other type of investments;

(D) To own real estate and personal property necessary for the rendering of the professional services hereby authorized.

ARTICLE IV STOCK

The aggregate number of shares which this Corporation shall have authority to issue is 1,000 shares of \$1.00 par value stock.

ARTICLE V CORPORATION BY-LAWS

The Board of Directors is authorized and empowered to make, alter, amend, and rescind the By-Laws of the corporation, but By-Laws made by the Board may be altered or repealed, and new By-Laws made, by the stockholders.

ARTICLE VI LIABILITY OF DIRECTORS

Pursuant to the General Corporation Laws of the State of FLORIDA, any and all directors of this Corporation shall not be liable to the Corporation, its shareholders, or any third party for breach of duty of care; such potential liability is hereby eliminated.

ARTICLE VII BOARD OF DIRECTORS

The name and address of each person serving as a member of the initial Board of Directors are:

CHRISTOPHER LINTAO VALENCIA, M.D.
8702 BAY LAUREL COURT, TAMPA, FLORIDA 33647

ARTICLE VIII INITIAL OFFICE AND REGISTERED AGENT

The address of this Corporation's initial registered office and the name of its original registered agent at such address is:

CHRISTOPHER LINTAO VALENCIA, M.D.
729 C.R. 466, LADY LAKE, FLORIDA 32159

**ARTICLE IX
INCORPORATORS**

The name and address of the incorporators are:

CHRISTOPHER LINTAO VALENCIA, M.D.
8702 BAY LAUREL COURT, TAMPA, FLORIDA 33647

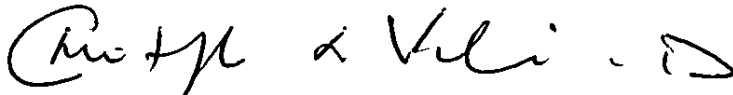
**ARTICLE X
EFFECTIVE DATE**

The effective date is January 01, 2012.

IN WITNESS WHEREOF, the registered agent and incorporator(s) has/have
hereunto set his/her/their hand this 4th day of January, 19 2012.

REGISTERED AGENT:

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

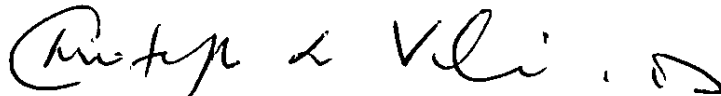


CHRISTOPHER LINTAO VALENCIA, M.D.

Signature

INCORPORATOR(S):

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.



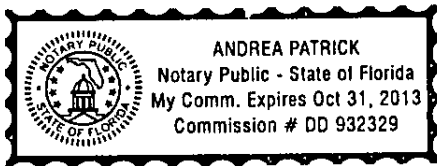
CHRISTOPHER LINTAO VALENCIA, M.D.

Signature

STATE OF Florida

COUNTY OF Sumter

On the 4th day of January, 2012, personally appeared
before me Christopher Valencia, the signer(s) of the within
instrument, who duly acknowledged to me that they executed the same.



[Signature]
Notary Public

2415 Parr Dr The Villages, FL 32162
Residing at:

10-31-2013
My Commission expires:

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TALLAHASSEE, FLORIDA