

P.12000012930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

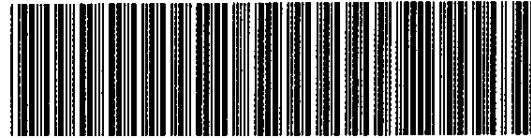
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS

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COVER LETTER

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

SUBJECT: Daniel Dantini, 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: Daniel Dantini, M.D.

Name (Printed or typed)

1400 Hand Avenue, Suite L

Address

Ormond Beach, FL 32174

City, State & Zip

386-673-7005

Daytime Telephone number

dantini@hotmail.com

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

Daniel Dantini, M.D., P.A.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
1400 Hand Avenue
Suite I
Ormond Beach, FL 32174

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
provide medical services to patients

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Daniel Dantini, President
Address: 1400 Hand Avenue
Suite I
Ormond Beach, FL 32174

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: Daniel Dantini
Address: 1400 Hand Avenue, Suite I
Ormond Beach, FL 32174

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Daniel Dantini, MD
Address: 1400 Hand Avenue, Suite I
Ormond Beach, FL 32174

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

Daniel Dantini
Required Signature/Registered Agent

2/1/12
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.

Daniel Dantini
Required Signature/Incorporator

2/1/12
Date

FILED
SECRETARY OF STATE
12 FEB - 6 PM 1:57
TALLAHASSEE, FLORIDA