

P1200000/6580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS 2/17/12

COVER LETTER

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

SUBJECT: DOCTOR GOMEZ,PA

(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: JORGE D HEREDIA CPA

Name (Printed or typed)

1428 SW 124 PL

Address

MIAMI, FL 33184

City, State & Zip

305 207-62-38

Daytime Telephone number

ABAD1@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 DOCTOR GOMEZ, PA
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
316 SAN SEBASTIAN AVE
CORAL GABLES, FL 33134

Mailing address, if different is:
316 SAN SEBASTIAN AVE
CORAL GABLES, FL 33134

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
PROVIDE MEDICAL SERVICES

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JULIO O GOMEZ, PRESIDENT
Address: 316 SAN SEBASTIAN AVE
CORAL GABLES, FL 33134

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:

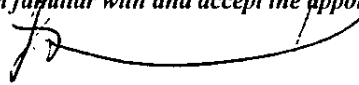
Name: JORGE D HEREDIA CPA
Address: 1428 SW 124 PL
MIAMI, FL 33184

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JULIO O GOMEZ
Address: 316 SAN SEBASTIAN AVE
CORAL GABLES, FL 33184

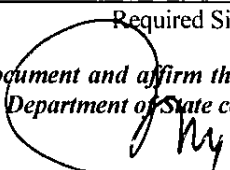
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

2/13/12
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.



Required Signature/Incorporator

2/13/12
Date