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12 APR 20 PM 4: 35  
SECRETARY OF STATE  
TALLAHASSEE, FL 09102

T. Burch APR 23 2012

**COVER LETTER**

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

**SUBJECT:** Cynthia E. Gregorio, MD, 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:** Cynthia E. Gregorio, MD, PA  
Name (Printed or typed)

1703 A Mariners Cove  
Address

Fort Pierce, FL 34950  
City, State & Zip

(863)397-1127  
Daytime Telephone number

cyngreg@gmail.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** Cynthia E. Gregorio, MD, PA  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
1703 A Mariners Cove  
Fort Pierce, FL 34950

Mailing address, if different is:  
c/o LUIS LAGERA  
CSA  
8502 SW KANSAS AVE,  
STUART, FL 34997

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
To provide medical, hospice and palliative care, anesthesia and clinical research services.

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

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Cynthia E. Gregorio, MD  
Address: 1703 A Mariners Cove  
Fort Pierce, FL 34950

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Cynthia E. Gregorio, MD  
Address: 1703 A Mariners Cove  
Fort Pierce, FL 34950

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Cynthia E. Gregorio, MD  
Address: 1703 A Mariners Cove  
Fort Pierce, FL 34950

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

Cynthia E. Gregorio MD  
Required Signature/Registered Agent

8/15/12  
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.

Cynthia E. Gregorio MD  
Required Signature/Incorporator

8/15/12  
Date