

P12000038728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

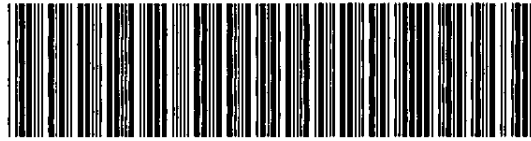
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Luis Anderson
AUTHORIZATION BY PHONE TO *NAME*
CORRECT *Article IV*
DATE *4/26/12*
DOC. EXAM *MRP*

Office Use Only



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04/24/12--01022--008 **87.50

FILED
12 APR 26 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRP
4/26/12

1117-22925

COVER LETTER

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

SUBJECT: COMMUNITY CARE Pediatrics 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: LUIS ANDERSON
Name (Printed or typed)
344 Old PLANTATION Drive
Address
SAINT AUGUSTINE FLORIDA 32086
City, State & Zip
904-347-9809
Daytime Telephone number
LUiAnd@MSN.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 25, 2012

LUIS ANDERSON
344 OLD PLANTATION DRIVE
SAINT AUGUSTINE, FL 32086

SUBJECT: COMMUNITY CARE PEDIATRICS P.A.
Ref. Number: W12000022925

We have received your document for COMMUNITY CARE PEDIATRICS P.A. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 812A00012696

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: COMMUNITY CARE PEDIATRICS P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1112 STATE ROAD 20
INTERLACHEN FLORIDA
32148

Mailing address, if different is:
344 OLD PLANTATION DRIVE
ST. AUGUSTINE, FLORIDA
32086

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
medical practice Dedicated TO pediatric medicine

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LUIS ANDERSON MD president Name and Title: _____
Address: 344 OLD PLANTATION Address: _____
DRIVE SAINT AUGUSTINE
FLORIDA 32086

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: LUIS ANDERSON MD
Address: 344 OLD PLANTATION DRIVE
SAINT AUGUSTINE, FLORIDA 32086

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LUIS ANDERSON MD
Address: 344 OLD PLANTATION DRIVE
SAINT AUGUSTINE, FL 32086

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

Luis Anderson MD

Required Signature/Registered Agent

4-19-12

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.

Luis Anderson MD

Required Signature/Incorporator

4-19-12

Date

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TALLAHASSEE, FLORIDA