

P 12000049188

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(City/State/Zip/Phone #)

☐ PICK-UP

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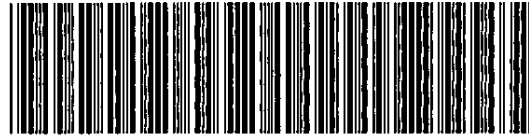
(Business Entity Name)

(Document Number)

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J. Shivers MAY 24 2012

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 11, 2012

BEATRICE HECKER
8955 SW 87 CT SUITE 115
MIAMI, FL 33176

SUBJECT: BEATRICE HECKER M.D., P.A.
Ref. Number: W12000026299

We have received your document for BEATRICE HECKER M.D., P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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.

Justin M Shivers
Regulatory Specialist II
New Filing Section

Letter Number: 912A00014101

COVER LETTER

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

SUBJECT: BEATRICE HECKER 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: BEATRICE HECKER
Name (Printed or typed)

8955 SW 87 CT SUITE 115
Address

MIAMI FL 33176
City, State & Zip

(305) 274-3211
Daytime Telephone number

BEATRICEHECKER@YAHOO.COM
E-mail address: (to be used for future annual report notification)

2012 MAY 25 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

The name of the corporation shall be: **BEATRICE HECKER M.D. GYN SERVICES P.A.**

ARTICLE II PRINCIPAL OFFICE

Principal street address

**8955 SW 87 CT SUITE 115
MIAMI FL 33176**

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
PHYSICIAN PROFESSIONAL ASSOCIATION

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **BEATRICE HECKER - DIRECTOR**
Address: **8955 SW 87 CT SUITE 115
MIAMI FL 33176**

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: **BEATRICE HECKER**
Address: **8955 SW 87 CT SUITE 115
MIAMI FL 33176**

ARTICLE VII INCORPORATOR

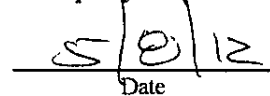
The name and address of the incorporator is:

Name: **BEATRICE HECKER**
Address: **8955 SW 87 CT SUITE 115
MIAMI FL 33176**

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TALLAHASSEE, FLORIDA

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


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


Date