

712000034487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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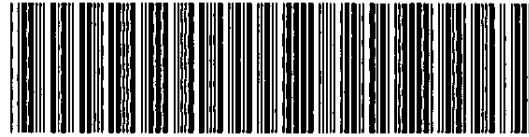
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers JUN 18 2012

**COVER LETTER**

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

SUBJECT: A.J. LOZA, 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: Anibal J. LOZA M.D.  
Name (Printed or typed)  
2617 NE 14<sup>th</sup> Ave Unit 106  
Address  
Oakland Park FL 33334  
City, State & Zip  
(305) 915-0467  
Daytime Telephone number  
ajloza1@yahoo.com  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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:

A. J. LOZA, M.D., P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2617 NE 14th Ave Unit 106  
Oakland Park FL 33334

Mailing address, if different is:

2617 NE 14th Ave Unit 106  
Oakland Park FL 33334

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To engage in the practice of professional medicine  
under the laws of the state of Florida

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

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

Name and Title: Anibal J. Loza M.D. Director

Address: 2617 NE 14th Ave

Unit 106

Oakland Park FL 33334

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: ANIBAL J. LOZA M.D.

Address: 2617 NE 14th Ave Unit 106

Oakland Park FL 33334

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Anibal J. Loza M.D.

Address: 2617 NE 14th Ave Unit 106

Oakland Park FL 33334

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

6/12/12

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

6/12/12

Date

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