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COVER LETTER

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

SUBJECT: SOUTH FLORIDA ADHD CENTER INC (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the arti	cles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate o Status ADDITIONAL COPY REQUIRED
FROM: SOUTH FLORIDA ADHD	CENTER INC (Printed or typed)
8181 NW 36th, SUITE 1	906, Address
DORAL, FL 33166 City,	State & Zip
305-392-6784 Daytime T	elephone number
southfloridaadhdcenter@ E-mail address: (to be use	Dyahoo.com d for future annual report notification)

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

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

10-1-12

To whom it may concern:

On December 2011 we filed a Florida Profit Corporation named South Florida ADHD Center. When we applied a guideline for renewal statement indicated that those corporations done within that date were not in need to report activities on 2012 however for 2013 it should be renewed and fees to be paid.

In other terms after we called today we were told that four messages were sent to us to alert us about the need to pay to keep active the corporation. We went to check the email address that we assigned for South Florida ADHD Center at yahoo and we did not find any mail with that information spite of that email contain very limited number messages. We have not received either any regular mail correspondence with that information.

At this point is when we are going to activate the corporation to use it but we do not want to apply for reinstatement. We want to cancel the current corporation under document # P11000102822 and we are sending a new corporation application with the same name South Florida ADHD Center.

We hope your understanding in relation to our concern. Regards,

M Jaguez S. Marisela Jaguez-Gutierrez MD

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: SOUTH FLORIDA ADHD CENTER INC FILE D.						
ARTICLE II	PRINCIPAL OFFICE		12. OCI -8	AM 9: 18		
	Principal street address		Mailing address, if differ	ent is:		
	8181 NW 36th STREET		SIGN FARY	OF STATE		
	SUITE 1906 DORAL, FL 33166		TALL MIROSE	E. FEORIDA		
	DONAL, FE 33 100	-		 		
ARTICLE III			t st			
	which the corporation is organized is:					
	assessment and treatment to children,					
	h Attention Deficit Disorder with or with	out nyperacu	vity			
and related	conditions.					
ARTICLE IV	SHARES					
	pares of stock is: 1000					
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTORS	S Name and Title	v:Titlo V/D			
Name and Address:	Title: <u>Title P</u> JAQUEZ-GUTIERREZ, MARISELA	Address:	GUTIERREZ, JOS			
Addicas.	8181 NW 36th STREET	, radi vss.	8181 NW 36th ST			
	SUITE 1906, DORAL, FL 33166	•	SUITE 1906, DOF			
27 17	·	Name and Title	Title D			
Name and Address:	Title: Title T	Name and 1110 Address:	RODRIGUEZ, JUI	IIO R		
Address:	JIMENEZ, IVAN 8180 NW 36th STREET	Address.	8180 NW 36th ST			
	SUITE 306, DORAL, FL 33166	•	SUITE 306, DOR			
			•			
	Title: Title D	Name and Title		IDA A		
Address:	RODRIGUEZ, ROSA MELINA 801 BRICKELL BOULEVARD	Address:	GUTIERREZ, LAI 58 PICTURE MO			
	MIAMI, FL 33131	•	DUMONT, CO 80			
	•	•				
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:						
Name:	Jose Gutierrez	me registered ago	ant is:			
Address:	8181 NW 36th Street	•				
	Suite 1906, Doral, Fl 33166	-				
A DOTOL IN LOT	TIMOPROPATOR					
	INCORPORATOR ddress of the Incorporator is:					
Name:	Jose Gutierrez					
Address:	8181 NW 36th Street	•				
	Doral, Fl 33166	-				
Havina baan na	med as registered agent to accept service of process	for the above st	ated cornoration at the	nlace designated in		
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						
•		_				
_	(4/11/13/1)		10/	02/2012		
	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.						
(Is ith sont		10	102/2012		
	Remined Signature/Incorporator	_		Date		