

P12000086837

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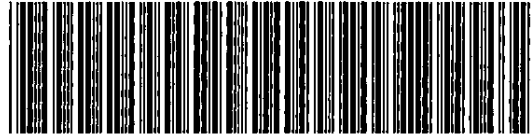
(Business Entity Name)

(Document Number)

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12 OCT 12 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: LOUIS B ANTOINE, M.D., FAAP, 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: Louis B. Antoine, MD, FAAP

Name (Printed or typed)

11979 SW 55 Street

Address

Cooper City, FL 33330

City, State & Zip

(954)249-1984

Daytime Telephone number

louisbant@hotmail.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)

FILED

ARTICLE I NAME

The name of the corporation shall be: Louis B. Antoine, MD, FAAP, P.A.

12 OCT 12 PM 1:44

ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE
Mailing address, if different

4801 South University Drive, Suite 239, Davie, FL 33328

11979 SW 55 Street, Cooper city, FL 33330

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide professional psychiatric care , including psychiatric evaluation, medication management, medical records review regarding quality of care issues, individual psychotherapy, forensic evaluation to patients including Children and adolescents and Adults.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Louis B. Antoine, MD, President & CEO
Address: 11979 SW 55 Street
Cooper City, FL 33330

Name and Title: Renee S. Antoine, 2nd Secretary
Address: 11979 SW 55 Street
Cooper city, FL 33330

Name and Title: Ivy C. Antoine, RN, Vice-President
Address: 11979 SW 55 Street
Cooper City, FL 33330

Name and Title: _____
Address: _____

Name and Title: Donnell A. Antoine, First Secretary
Address: 11979 SW 55 Street
Cooper City, FL 33330

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: Louis B. Antoine, MD
Address: 11979 SW 55 Street
Cooper City, FL 33330

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Louis B. Antoine, MD
Address: 11979 SW 55 Street
Cooper City, FL 33330

Effective Date
10/15/12

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

10/8/12
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

10/8/12
Date