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SECRETARY OF STATE
TALLAHASSEE FLORIDA

J. Shivers MAR 06 2013

COVER LETTER

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

SUBJECT: Silvia M. Robalino, MD, 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: Silvia M. Robalino, MD

Name (Printed or typed)

7400 SW 112th Street

Address

Pinecrest, FL 33156

City, State & Zip

786-877-0430

Daytime Telephone number

mrobalino@hotmail.com

E-mail address: (to be used for future annual report notification)

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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: Silvia M. Robalino, MD, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7400 SW 112th Street

Pinecrest, Fl 33156

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The nature of the business to be transacted
by this corporation shall be and is to engage in every aspect and phase of the practice
of internal medicine.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Silvia M. Robalino, President

Name and Title: _____

Address 7400 SW 112th Street

Address: _____

Pinecrest, Fl 33156

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA

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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: Silvia M. Robalino, MD
Address: 7400 SW 112th Street
Pinecrest, FL 33156

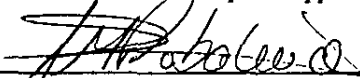
ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:


Name: Silvia M. Robalino, MD
Address: 7400 SW 112th Street
Pinecrest, FL 33156

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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

 3/1/2013
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.

 3/1/2013
Required Signature/Incorporator Date