(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(City/State/Zip/Phone #)				
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(Document Number)				
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## **COVER LETTER**

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

SUBJECT: Fan	nily Doc, Inc.				
- · · · · · · · · · · · · · · · · · · ·	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation an	d 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 CO	OPY REQUIRED		
		e (Printed or typed)			
1	135 Lake Shore				
Address					
<u>La</u>	ake Park, FL 33				
	City	State & Zip			
7′	19-213-8500				
	Daytime 1	elephone number			
fa	milydocpc@yahoo.				
	E-mail address: (to be use	ed for future annual report	notification)		

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



February 19, 2013

DAVID S. GIBBONS 1135 LAKE SHORE DRIVE, #103 LAKE PARK, FL 33403

SUBJECT: FAMILY DOC, PC Ref. Number: W13000010031

We have received your document for FAMILY DOC, PC 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 only acceptable words for designation as a professional association are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED.

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.

Letter Number: 113A00004017

Maryanne Dickey Regulatory Specialist II New Filing Section

www.sunbiz.org

District of Company in a DO DOV 6007 Mellelenes Elevide 9001

**ARTICLES OF INCORPORATION**In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corpora	tion shall be: Family Doc, Inc.		- · · · · · · · · · · · · · · · · · · ·	
	NCIPAL OFFICE		<b>₽</b> s	ಪ
44051 1 01	Principal <u>street</u> address	Mai	ling address, if different	"差" "和
1135 Lake Sh	ore Drive #103		7 C	<del></del>
Lake Park, FL	. 33403	<u> </u>	A STATE OF THE STA	» m
•			T S	<b>E D</b>
ARTICLE III PUR	POSE Formily	Dec les is	SE COM	హ
The purpose for which t	he corporation is organized is:			
corporation th	at exists for the purpose	of providing p	rimary care	
medical and p	hysician services to the	general public	at large.	
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		<del></del>		
	, , , , , , , , , , , , , , , , , , ,			
		•		
The number of shares of	ures stock is: 10			
ARTICLE V INIT	TIAL OFFICERS AND/OR DIRECTO	<u>RS</u>		
Name and Title	David S Gibbons, Presider	t Name and Title:		
Address	1135 Lake Shore Drive #10			
1120.400	Lake Park, FL 33403			
		<del></del>		
Name and Title:		Nome and Title		
Address		Address:		·
		, -		
Name and Title:		Name and Title:		
Address				
. TO 40 400		. 1001 000.	·····	

Name and	d Title:	Name and Title:	540
Address		Address:	FILED  13 MAR II ANII: 53 SECRETARY OF STATE ALLAHASSEE FLORID
ARTICLE VI	REGISTERED AGENT		<b>3</b>
The name and Flo	orida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	David S Gibbons		
Address:	1135 Lake Shore Drive #103		
	Lake Park, FL 33403		
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:		
Name:	David S Gibbons		
Address:	1135 Lake Shore Drive #103		
	Lake Park, FL 33403		
	ned as registered agent to accept service of process um familiar with and accept the appointment as reg		
,	Required Signature/Registered Agent	<del></del>	Date
	ument and affirm that the facts stated herein are to Department of State constitutes a third degree felony		
			3-6-13
	Required Signature/Incorporator		Date