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Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : BARINAS & ASSOCIATES INC.
Account Number : I20000000082
Phone : (305)871-0889
Fax Number : (305)870-9623

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION
INTEGRATIVE FAMILY MEDICINE PRACTICE, P.A.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	$78.75

3/14

COVER LETTER

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

SUBJECT: INTEGRATIVE FAMILY MEDICINE PRACTICE, 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: YANELLE M BARINAS
Name (Printed or typed)

5701 NW 36 ST
Address

MIAMI, FL 33166
City, State & Zip

305-871-0889
Daytime Telephone number

BARINASB@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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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: INTEGRATIVE FAMILY MEDICINE PRACTICE, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

12091 SW 66 TER DRIVE
MIAMI, FL 33183

Mailing address, if different is:

12091 SW 66 TER DRIVE
MIAMI, FL 33183

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: TO PROVIDE PATIENT-CENTERED CARE WITH AN INTEGRATIVE, SCIENCE-BASED HEALTHCARE APPROACH, INTEGRATING BEST MEDICAL PRACTICES TO HELP PATIENTS LIVE LONGER, HEALTHIER AND MORE ENJOYABLE LIVES.

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ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PVST
Address: MARIO JIMENEZ
12091 SW 66 TER DRIVE
MIAMI, FL 33183

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

(cont.)

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: MARIO JIMENEZ

Address: 12091 SW 66 TER DRIVE

MIAMI, FL 33183

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARIO JIMENEZ

Address: 12091 SW 66 TER DRIVE

MIAMI, FL 33183

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

_____ 03/11/2013

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.

_____ 03/11/2013

Required Signature/Incorporator Date

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