

P13000047951

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13 MAY 30 PM 4:43  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

141

## COVER LETTER

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

SUBJECT: **Gentle Care OB/GYN and Infertility Corp**  
(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: **Norris M. Allen, MD**  
Name (Printed or typed)

**8790 PaseoDeValencia St**  
Address

**Fort Myers, FL 33908**  
City, State & Zip

**2397705858**  
Daytime Telephone number

**nallen5739@aol.com**  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 14, 2013

NORRIS M. ALLEN, MD  
8790 PASEODEVALENCIA ST  
FORT MYERS, FL 33908

SUBJECT: GENTLE CARE OB/GYN AND INFERTILITY CORP  
Ref. Number: W13000028125

We have received your document for GENTLE CARE OB/GYN AND INFERTILITY CORP 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 document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 813A00011909

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: Gentle Care OB/GYN and Infertility Corp.

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**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

Mailing address, if different is

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

3615 Central Ave, Suite 7

Fort Myers, FL 33901

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Medical care for women in the discipline of Obstetrics, Gynecology and female infertility

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000 at \$10.00 par value

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Norris M. Allen, MD (President)

Name and Title: \_\_\_\_\_

Address 8790 PaseoDeValencia St.

Address: \_\_\_\_\_

Fort Myers, FL 33908

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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: Norris M. Allen, MD  
Address: 8790 PaseoDeValencia St.  
Fort Myers, FL 33908

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TALLAHASSEE FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Norris M. Allen, MD  
Address: 8790 PaseoDeValencia St.  
Fort Myers, FL 33908

*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

5/27/13

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

5/27/13

Date