

P13000065496

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

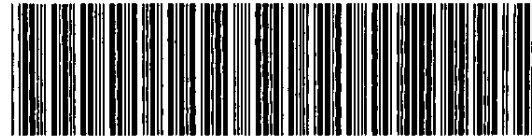
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS  
13 AUG -5 PM 3:44

PS [Signature]



**FLORIDA DEPARTMENT OF STATE**  
**Division of Corporations**

July 11, 2013

MIKHAIL J ARTAMONOV, MD  
5195 SEVEN BRIDGE RD  
EAST STROUDSBURG, PA 18301

SUBJECT: M J A HEALTHCARE OF FLORIDA, P.C.  
Ref. Number: W13000039295

We have received your document for M J A HEALTHCARE OF FLORIDA, P.C. and your check(s) totalling \$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 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.

Pamela Smith  
Regulatory Specialist II

Letter Number: 413A00017011

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TALLAHASSEE  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE

## COVER LETTER

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

SUBJECT: M J A Healthcare of Florida, P.C.

(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: Mikhail J. Artamonov, MD

Name (Printed or typed)

5195 Seven Bridge Road

Address

East Stroudsburg, PA 18301

City, State & Zip

570-872-9800

Daytime Telephone number

premiertaxpayerservices@gmail.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)

**ARTICLE I NAME**

The name of the corporation shall be: M J A Healthcare of Florida, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

418 SW 204th Avenue  
Pembroke Pines, FL 33029

Mailing address, if different is:

5195 Seven Bridge Road  
East Stroudsburg, PA 18301

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Professional healthcare - Offices of Physician

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**ARTICLE IV SHARES**

The number of shares of stock is: 100,000 no par value

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

Name and Title: Mikhail J Artamonov, MD President

Address: 5195 Seven Bridge Road  
East Stroudsburg, PA 18301

Name and Title: Mikhail J Artamonov, MD Secretary

Address: 5195 Seven Bridge Road  
East Stroudsburg, PA 18301

Name and Title: Mikhail J Artamonov, MD Treasurer

Address: 5195 Seven Bridge Road  
East Stroudsburg, PA 18301

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

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

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

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

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

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

(conti.)

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: Mikhail J Artamonov, MD Treasurer  
Address: 418 SW 204th Avenue  
Pembroke Pines, FL 33029

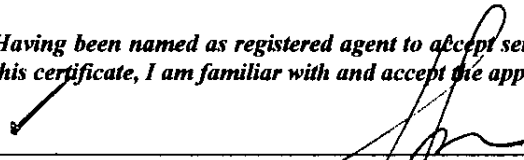
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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Mikhail J Artamonov, MD  
Address: 418 SW 204th Avenue  
Pembroke Pines, FL 33029

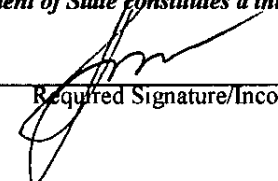
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

June 15, 2013

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

June 15, 2013

Date