

P14000025020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

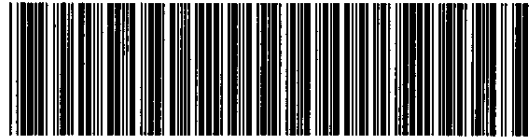
(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAR 17 PM 3:03

## COVER LETTER

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

**SUBJECT: EMED Urgent Care Center PA**

(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: Rene U Pulido**

Name (Printed or typed)

**2624 Atlantic Blvd**

Address

**Jacksonville FL 32207**

City, State & Zip

**904-647-8576**

Daytime Telephone number

**JParedes@EMEDMultispecialtyGroup.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: EMED Urgent Care Center PA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2624 Atlantic Blvd

Jacksonville FL 32207

Mailing address, if different is:

2624 Atlantic Blvd

Jacksonville FL 32207

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To provide urgent care to patients after hours and on weekends.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Rene U Pulido, President

Address: 2624 Atlantic Blvd

Jacksonville FL 32207

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

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

Name and Title: Rene U Pulido, Secretary

Address: 2624 Atlantic Blvd

Jacksonville FL 32207

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

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

Name and Title: Rene U Pulido, Treasurer

Address: 2624 Atlantic Blvd

Jacksonville FL 32207

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

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

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DIVISION OF CORPORATIONS  
14 MAR 17 PM 3:03

(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: Rene U Pulido  
Address: 2624 Atlantic Blvd  
Jacksonville FL 32207

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Rene U Pulido  
Address: 2624 Atlantic Blvd  
Jacksonville FL 32207

*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

03/12/2014

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

03/12/2014

Date

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