

P14000045343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

B W1400025862

B Sh22/14



300258983023

04/21/14--01031--006 **87.50

14 MAY 21 PM 4:52
DIVISION OF CORPORATE AFFAIRS

COVER LETTER

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

SUBJECT: Capital ER PreBirth CenterS of America Co.
(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: Ruell T. Stoessel, M.D.
Name (Printed or typed)

8645 N. Military Trail Suite 508
Address

Palm Beach Gardens, Fl. 33410
City, State & Zip

561-630-8001
Daytime Telephone number

rtsmnd1@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: Pre Birth Centers of America Co.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

Ruel T. Stoessel, M.D.
8645 N. Military Tr Suite 508
Palm Beach Gardens, Fl 33410

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To name my medical practice.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ruel T. Stoessel, M.D. President

Address: 8645 N. Military Tr Address: _____

Suite 508

Palm Beach Gardens, Fl
33410

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

14 MAY 21 PM 4:52
DIVISION OF CORPORATE
REGISTRATION

(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: Ruel T. Stoessel, M.D.
Address: 8645 N. Military Tr. Ste 508
Palm Beach Gardens, FL 33410

14 MAY 21 PM 4:52
RECEIVED
DIVISION OF CORPORATE AFFAIRS

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ruel T. Stoessel, MD
Address: 8645 N. Military Tr Ste 508
Palm Beach Gardens, FL 33410

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

Ruel T. Stoessel MD

Required Signature/Registered Agent

04/16/2014
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.

Ruel T. Stoessel MD

Required Signature/Incorporator

04/16/2014
Date