

P140000045942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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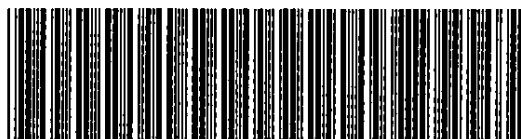
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status ☒

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05/23/14--01015--010 **78.75

FILED
CLERK OF COURT
DIVISION OF PROBATE
14 MAY 23 PM 12:09

[Handwritten signature]

COVER LETTER

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

SUBJECT: **Florida Geriatric Associates, Inc.**

(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: **Luis S. Veras MD**

Name (Printed or typed)

747 Ponce de Leon Blvd

Address

Suite 607

City, State & Zip

305-444-7779

Daytime Telephone number

verasluis@hotmail.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: Florida Geriatrics Associates, Inc

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DIVISION OF CORPORATION
14 MAY 23 PM 12:09

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

747 Ponce de Leon Blvd

Same

Suite 607

Coral Gables, Fl 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Render medical services to patients specially to the geriatric population of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Luis S. Veras, President

Name and Title: Luis S. Veras, VP

Address: 747 Ponce de Leon Blvd

Address: 747 Ponce de Leon Blvd

Ste 607

Ste 607

Coral Gables, Fl 33134

Coral Gables, Fl 33134

Name and Title: Luis S. Veras, Treasurer

Name and Title: Luis S. Veras, Secretary

Address: 747 Ponce de Leon Blvd

Address: 747 Ponce de Leon Blvd

Ste 607

Ste 607

Coral Gables, Fl 33134

Coral Gables, Fl 33134

Name and Title: _____

Name and Title: _____

Address: _____

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: Luis S Veras MD

Address: 747 Ponce de Leon Blvd # 607

Coral Gables, FI 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Luis S Veras MD

Address: 747 Ponce de Leon Blvd # 607

Coral Gables, FI 33134

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

05/20/014

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

05/20/2014

Date