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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: **ALLERG-MEG MEDICAL SERVICES, 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: **HILARIO A ISABA**
Name (Printed or typed)

1275 WEST 47TH PLACE # 417
Address

HIALEAH, FLORIDA 33012
City, State & Zip

305-364-4946
Daytime Telephone number

MORALR50@YAHOO.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: ALLERG-MEG MEDICAL SERVICES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1275 WEST 47 PLACE

SAME

SUITE 417

HIALEAH, FLORIDA 33012

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

a lawful healthcare facility

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HILARIO A ISABA, P

Name and Title: _____

Address 1275 WEST 47 PLACE

Address: _____

SUITE 417

HIALEAH, FLORIDA 33012

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE FLORIDA

(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: HILARIO A. ISABA

Address: 1275 WEST 47 PLACE # 417

HIALEAH, FLORIDA 33012

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: HILARIO A. ISABA

Address: 1275 WEST 47 PLACE # 417

HIALEAH, FLORIDA 33012

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

Hilario A. Isaba M.D.

Required Signature/Registered Agent

5-21-2014

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.

Hilario A. Isaba M.D.

Required Signature/Incorporator

5/21/2014

Date

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TALLAHASSEE FLORIDA