(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
į	Office Use On	



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COVER LETTER

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

SUBJECT:	PICHARD C. MEN		A
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	icles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	DENHIS KE Name	Printed or typed) Yo Claudo	
	PHILA P	Address A 19148 State & Zip	· · · · · · · · · · · · · · · · · · ·
	215 468	State & Zip Selephone number	

NOTE: Please provide the original and one copy of the articles.



September 8, 2014

DENNIS KELLEY 225 A MC CLELLAN ST. PHILADELPHIA, PA 19148

SUBJECT: RICHARD C MENDEL MD PA

Ref. Number: W14000054578

We have received your document for RICHARD C MENDEL MD PA and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return the corrected original and one copy of 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.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 714A00019115

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be:	LO C MENDEL MU PA =
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if different iss
9511 US HWY 19 PACM HARROR FL 34684	
The purpose for which the corporation is organized is: AAATUS AS ASSEMBLY STATUTES	TO PERFORM MEDICAL
STATUTES AS PERMITE	S UNISA TLUETON
, , , , , , , , , , , , , , , , , , , 	
ARTICLE IV SHARES The number of shares of stock is: /00	
Name and Title: A CH DAL C MEN	Dorran
Name and Title: Ruff any C.MEN Address 3511 US Phuy 1	
Name and Title: Ruffany C. MEN	Name and Title: PRES' AGAT
Name and Title: Ruff and C.MEN Address Address AMM HARACE F 34684	Name and Title: PRES' AGAT
Name and Title: Ruff any C.MEN Address ALM HARACE F 34684	Name and Title: Name and Title: Name and Title:
Name and Title: Ruff and C.Men Address ALM HARACE F 34684 Name and Title:	Name and Title: Address: Name and Title: Address:
Name and Title: Ruff My C.Men Address Address Address Name and Title: Address	Name and Title: Name and Title: Name and Title: Address:
Name and Title: Ruff My C.Men Address Address Address Name and Title: Address	Name and Title: Name and Title: Name and Title: Name and Title:

Name and Title:	Name and Title:	
Address	Address:	
Name: Address: The name and Florida street address: 35(1)	US HWY 19 SUTE 301 HAMBUR FL 34584	14 SEP 22 PH 3: 15
ARTICLE VII INCORPOR	ATOR	
Name: Address: 35 / PAV	TOPPOPATOR IS: 1 US HUY 19 SUIE 301 1 HANDA FL 34684	
this certificate, I am familiar yel	agent to accept service of process for the above stated corports and accept the appointment as registered agent and agree to a direct Signature/Registered Agent	ration at the place designated in act in this capacity B/3/// Pate
document to the Department of	irm that the facts stated herein are true. I am aware that the f State constitutes a third degree felony as provided for in s.817.1: uired Signature/Incorporator	Calse information submitted in a 55, F.S. State Date