

P14000093465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

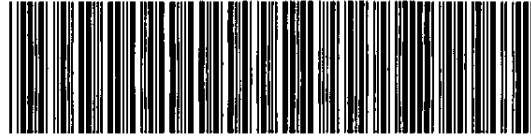
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 NOV 17 PM 2:17  
FEDERAL BUREAU OF INVESTIGATION

11/18/14

**COVER LETTER**

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

**SUBJECT: DOCTOR'S MEDICAL GROUP, 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: MARIANITZA GONZALEZ**

Name (Printed or typed)

**8150 SW 8 STREET SUITE 220**

Address

**MIAMI, FLORIDA 33144**

City, State & Zip

**305-961-1121**

Daytime Telephone number

**MARIANITZAACOSTA@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: DOCTOR'S MEDICAL GROUP , INC

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

8150 SW 8 STREET SUITE 220

MIAMI, FLORIDA 33144

Mailing address, if different is:

8150 SW 8 STREET SUITE 220

MIAMI, FLORIDA 33144

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: MEDICAL OFFICE

**ARTICLE IV    SHARES**

The number of shares of stock is: 100

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

Name and Title: MARIANITZA GONZALEZ

Address: 8150 SW 8 STREET SUITE 220

MIAMI FLORIDA 33144

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

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

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

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

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

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

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14 NOV 17 PM 2:17  
CLERK OF DISTRICT COURT  
MIAMI, FLORIDA

(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: MARIANITZA GONZALEZ

Address: 8150 SW 8 STREET SUITE 220

MIAMI FLORIDA 33144

**ARTICLE VII INCORPORATOR**

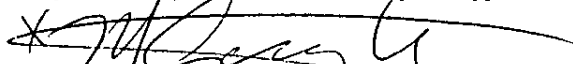
The name and address of the Incorporator is:

Name: MARIANITZA GONZALEZ

Address: 8150 SW 8 STREET SUITE 220

MIAMI FLORIDA 33144

*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*

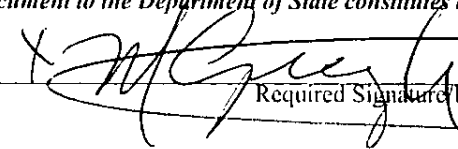


Required Signature/Registered Agent

11/11/2014

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

11/11/2014

Date

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14 NOV 17 PM 2:17  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE SEVENTH JUDICIAL CIRCUIT  
MIAMI, FLORIDA