

P14000098110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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W14000091316

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T. SCOTT



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 1, 2014

GABRIEL LOPEZ
4440 SHERIDAN ST SUITE C
HOLLYWOOD, FL 33021

SUBJECT: CENTRO MEDICO FAMILIAR BUEN PASTOR INC
Ref. Number: W14000071316

We have received your document for CENTRO MEDICO FAMILIAR BUEN PASTOR INC 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 document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 114A00025202



Centro Medico Familiar Buen Pastor

4440 Sheridan St. Suite C. Hollywood, FL 33021. Phone: 954-882-0191. Fax: 754-210-3962. clinicabuenpastor.com

11/19/2014

4440 Sheridan St. Suite C
Hollywood, FL 33021
Phone Number: 786-218-1160
Email Address: gabrielflorez98@hotmail.com

To whom it may concern:

I have no intention on reinstating the non-profit corp that we are
dissolving: CENTRO MEDICO FAMILIAR BUEN PASTOR INC. Document # N09000004868
We release the name to be used as a profit corporation immediately.

Sincerely,


Gabriel Florez
Owner, President
CENTRO MEDICO FAMILIAR BUEN PASTOR INC

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RECEIVED
DIVISION OF
CORPORATION
STATE OF FLORIDA
NOV 20 2014

CENTRO MEDICO FAMILIAR BUEN PASTOR ES SU MEJOR OPCION!

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: CENTRO MEDICO FAMILIAR BUEN PASTOR INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4440 SHERIDAN ST. SUITE C
HOLLYWOOD FL 33021

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business. To Help South Florida families with their
medical and dental needs. Providing health Care, diagnostics, lab, x-ray,
sonograms, ct scan and others.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GABRIEL FLOREZ PRESIDENT

Address 4440 SHERIDAN ST.
SUITE C
HOLLYWOOD FL
33021

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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(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: GABRIEL FLOREZ
Address: 4440 SHERIDAN ST.
SUITE C
HOLLYWOOD FL 33021

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GABRIEL FLOREZ
Address: 4440 SHERIDAN ST.
SUITE C
HOLLYWOOD FL 33021

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

12-02-2014

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

12-02-2014

Date

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