P14000098110

(Requestor's Name)				
(Address)				
. (Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only

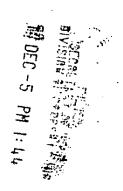
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December 1, 2014

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,

Owner, President

CENTRO MEDICO FAMILIAR BUEN PASTOR INC

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

The name of the corpo	Paration shall be: CENTRO MED	ICO FAMILIAR BUE	N PASTOR INC
ARTICLE II PI	RINCIPAL OFFICE Principal street address	Mailing addres	s, if different is:
4440 SHERI	DAN ST. SUITE C		
HOLLYWOC	DD FL 33021		
		 -	
ARTICLE III PU	RPOSE th the corporation is organized is:		
Any and all la	awful business. To Help S	outh Florida families	with their
medical and	dental needs. Providing h	nealth Care, diagnos	tics, lab, x-ray,
sonograms, o	ct scan and others.		
			DE S
			1 **
ARTICLE IV SI			70 W
	· • • • • • • • • • • • • • • • • • • •		## ## ##* ##* ##
	IITIAL OFFICERS AND/OR DIRECT	ORS	
Name and Ti	itle: GABRIEL FLOREZ PF	RESIDENT Name and Title:	
Address	4440 SHERIDAN ST.	Address:	
	SUITE C		
	HOLLYWOOD FL		
	33021		
Name and Tit	le:	Name and Title:	
Address		Address:	
		<u></u>	
		<u> </u>	
Name and Tit	le:	Name and Title:	
Address		Address:	

Name an	d Title:	_ Name and Title:
Address		Address:
,		
ARTICLE VI	REGISTERED AGENT	
Name:	orida street address (P.O. Box NOT acceptable) of GABRIEL FLOREZ	of the registered agent is:
Address:	4440 SHERIDAN ST.	
	SUITE C	THE STATE OF THE S
•	HOLLYWOOD FL 33021	—
ARTICLE VII	INCORPORATOR	
The <u>name and ac</u>	Idress of the Incorporator is:	
Name:	GABRIEL FLOREZ	_
Address:	4440 SHERIDAN ST.	-
	SUITE C	
	HOLLYWOOD FL 33021	_
Having been nan this certificate, I	ned as registered agent to accept service of proces am familiar with and accept the appointment as re	s for the above stated corporation at the place designated in gistered agent and agree to act in this capacity
		12-02-2014
	Required Signature/Registered Agent	Date
I submit this doc document to the I	ument and affirm that the facts stated herein are Department of State constitutes a third degree felo	true. I am aware that the false information submitted in a ny as provided for in s.817.155, F.S.
		12-02-2014
	Required Signature/Incorporator	Date
	·	