

P14 0009055

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H14000282821 3)))



H140002828213ABC

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To:

Division of Corporations
Fax Number : (850)617-6381

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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Phone : (305)552-5973
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA PROFIT/NON PROFIT CORPORATION

DR. JOSE DE LOS SANTOS, M.D., P.A.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

12/12/04

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DIVISION OF CORPORATIONS
14 DEC 10 PM 3:14

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14 DEC 10 PM 4:36



December 9, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: DR. JOSE DE LOS SANTOS, M.D., P.A.
REF: W14000073228

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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 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.

Carol Mustain
Regulatory Specialist II

FAX Aud. #: H14000282821
Letter Number: 214A00025891

P.O BOX 6327 - Tallahassee, Florida 32314

10/21/2032 07:08

#5217 P.002/003

Print Health Plan

Fax: 888-556-2129

To: Dr. Jose De Los Santos Fax: +1 (786) 243-9590

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ARTICLES OF INCORPORATION

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

H14000282821

ARTICLE I NAME

The name of the corporation shall be: Dr. Jose De Los Santos, M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

120 N.W. 12 Street

Homestead, FL 33030

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The corporation will function and a Physician Practice.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Jose De Los Santos, MD President Name and Title: _____

Address: 120 NW 12 Street Address: _____

Homestead, FL 33030 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

14 DEC 10 PM 3:11

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DIVISION OF CORPORATIONS

H14000282821

10/21/2032 07:08

#5217 P.003/003

Form, Health Plan

Fax: 888-558-2128

To: Dr. Jose De Los Santos Fax: +1 (786) 243-9590

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H14000282821

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: Dr. Jose De Los Santos, MD

Address: 120 NW 12 Street

Homestead, FL 33030

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dr. Jose De Los Santos, MD

Address: 120 NW 12 Street

Homestead, FL 33030

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

[Signature]
Required Signature Registered Agent

December 5, 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.

[Signature]
Required Signature Incorporator

December 5, 2014

Date

H14000282821