

P15000014860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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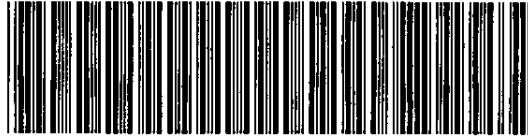
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/02/15--01028--028 **78.75

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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: **Di Martino Healthcare, P.A.**

(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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: **Debbie Faulkner, Esq.**

Name (Printed or typed)

3106 Alt. US 19 N. Suite B

Address

Palm Harbor, Florida 34683

City, State & Zip

727-781-7428

Daytime Telephone number

debbie@thefaulknerfirm.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 NAMEThe name of the corporation shall be: Di Martino Healthcare, P.A.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

136 Lake Shore Drive N.Palm Harbor, Florida 34684**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: For the purpose of providing comprehensive
healthcare to patients of all ages; including, but not limited to cardiac surgery and
preventative medical care.**ARTICLE IV SHARES**The number of shares of stock is: 1,000,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Dr. Peter Di Martino, Principal

Name and Title: _____

Address: 136 Lake Shore Drive N.

Address: _____

Palm Harbor, Florida 34684

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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TALLAHASSEE, FLORIDA

(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: Debbie Faulkner, Esq.
Address: 3106 Alt US 19 N. Suite B
Palm Harbor, Florida 34683

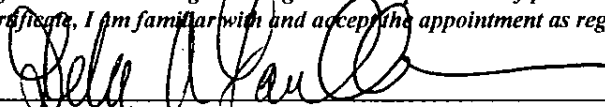
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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

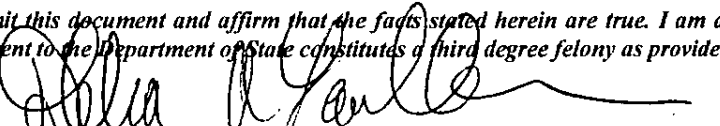
Name: Debbie Faulkner, Esq.
Address: 3106 Alt US 19 N. Suite B
Palm Harbor, Florida 34683

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

1/22/15
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

1/22/15
Date



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2015

DEBBIE FAULKNER, ESQ.
3106 ALT. US 19 N. SUITE B
PALM HARBOR, FL 34683

SUBJECT: DI MARTINO HEALTHCARE, P.A.
Ref. Number: W15000009413

We have received your document for DI MARTINO HEALTHCARE, P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

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.

Christine Haney
Regulatory Specialist II
New Filing Section

Letter Number: 915A00002659

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