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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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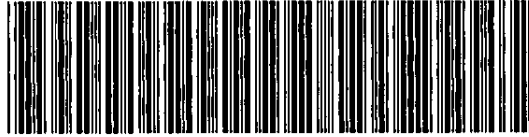
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: RADIOLOGY PROFESSIONALS 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: KATHRYN ABELSON

Name (Printed or typed)

1203 12TH LANE

Address

GREENACRES, FL 33463

City, State & Zip

561-427-7108

Daytime Telephone number

XRAY92@GMAIL.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: RADIOLOGY PROFESSIONALS, INC

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address	Mailing address, if different is:
<u>1203 12TH LANE</u>	<u></u>
<u>GREENACRES, FL 33463</u>	<u></u>
<u></u>	<u></u>
<u></u>	<u></u>

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: RADIOLOGICAL INTERPRETATION

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>KATHRYN ABELSON-PRESIDENT</u>	Name and Title:	<u>KATHRYN ABELSON-TREASURER</u>
Address	<u>1203 12TH LANE</u>	Address:	<u>1203 12TH LANE</u>
	<u>GREENACRES, FL 33463</u>		<u>GREENACRES, FL 33463</u>
	<u></u>		<u></u>
	<u></u>		<u></u>
Name and Title:	<u>KATHRYN ABELSON-VICE PRESIDEN</u>	Name and Title:	<u></u>
Address	<u>1203 12TH LANE</u>	Address:	<u></u>
	<u>GREENACRES, FL 33463</u>		<u></u>
	<u></u>		<u></u>
	<u></u>		<u></u>
Name and Title:	<u>KATHRYN ABELSON-SECRETARY</u>	Name and Title:	<u></u>
Address	<u>1203 12TH LANE</u>	Address:	<u></u>
	<u>GREENACRES, FL 33463</u>		<u></u>
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TALLAHASSEE, FL 32399

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: KATHRYN ABELSON

Address: 1203 12TH LANE

GREENACRES, FL 33463

ARTICLE VII INCORPORATOR

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

Name: KATHRYN ABELSON

Address: 1203 12TH LANE

GREENACRES, FL 33463

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

11/27/2015

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

11/27/2015

Date