

PR000045333

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC
Account Number : I20070000020
Phone : (813)435-3176
Fax Number : (713)429-1276

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Email Address: _____

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INFORMATION
COMMERCIAL
SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION

Eduardo Uchiyama, M.D., P.A.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 MAY 16 PM 3:18

FILED

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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: Eduardo Uchiyama, M.D., P.A.

ARTICLE II PRINCIPAL OFFICEPrincipal street address

2409 Bayview Dr

Mailing address, if different is:

2409 Bayview Dr

Fort Lauderdale, Florida 33305

Florida 33305

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Professional Physician services

ARTICLE IV SHARES

The number of shares of stock is: 1000 Common Stock at \$0.10 par Value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DPST Eduardo Uchiyama

Name and Title:

Address 2409 Bayview Dr

Address:

Fort Lauderdale, Florida 33305

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:	Eduardo Uchiyama
Address:	2409 Bayview Dr
	Fort Lauderdale, Florida 33305

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name:	Eduardo Uchiyama
Address:	2409 Bayview Dr
	Fort Lauderdale, Florida 33305

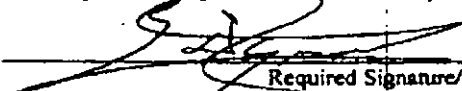
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 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

05/16/2018

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

05/16/2018

Date

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