

P96000075240

TRANSMITTAL LETTER

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

FILED
05 SEP 11 AM 8:44

SUBJECT: GOMEZ-JORQUERA, M.D., P.A.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: JOSE M. GOMEZ, M.D.
Name (printed or typed)
2661 RIVERPORT DRIVE NORTH
Address
JACKSONVILLE, FLORIDA 32223
City, State & Zip
(904) 272-7500
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

71C SEP 11 1996 W96-18271



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

August 30, 1996

JOSE M. GOMEZ, M.D.
2661 RIVERPORT DRIVE NORTH
JACKSONVILLE, FL 3222

SUBJECT: GOMEZ-JORQUERA, M.D., P.A.
Ref. Number: W96000018271

We have received your document for GOMEZ-JORQUERA, M.D., P.A. and your check(s) totalling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

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 (904) 487-6067.

Neysa Culligan
Document Specialist

Letter Number: 396A00041041

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

GOMEZ-JORQUERA, M.D., P.A.

THE SPECIFIC NATURE OF THE BUSINESS IS TO PROVIDE MEDICAL SERVICES.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2661 RIVERPORT DRIVE NORTH
JACKSONVILLE, FLORIDA 32223

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JACKSONVILLE, FLORIDA

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

2 (TWO) HUNDRED

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JOSE M. GOMEZ, M.D.
2661 RIVERPORT DRIVE NORTH
JACKSONVILLE, FLORIDA 32223

ARTICLE V INCORPORATOR(S)

See Instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

- 1) JOSE M. GOMEZ, M.D.
2661 RIVERPORT DRIVE NORTH
JACKSONVILLE, FLORIDA 32223
- 2) ANA M. JORQUERA, M.D.
2661 RIVERPORT DRIVE NORTH
JACKSONVILLE, FLORIDA 32223

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

25TH. day of AUGUST, 19 96.

(An additional article must be added if an effective date is requested.)

J Gomez, M.D.

Signature

Ana M. Jorquera, M.D.

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: GOMEZ-JORQUERA, M.D., P.A.

2. The name and address of the registered agent and office is:

JOSE M. GOMEZ, M.D.

(NAME)

2661 RIVERPORT DRIVE NORTH

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

JACKSONVILLE, FLORIDA 32223

(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

J. Gomez, M.D.

(SIGNATURE)

8/26/96

(DATE)