

P97000083976

TRANSMITTAL LETTER

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

SUBJECT: KEY WEST CHILDRENS CLINIC P.A.
(Proposed corporate name - must include suffix)

200002296532--9
-09/18/97--01020--008
*****78.75 *****78.75

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: Michael P. Hernandez
Name (Printed or typed)

21045 3rd Ave East
Address

Summerland Key FLA 33043
City, State & Zip

305-872-0504
Daytime Telephone number

W97-21530

SEP 18

630

BSB

FILED
97 SEP 29 AM 11:38
ST. CLAY COUNTY OF FLORIDA
TALLAHASSEE, FLORIDA

0

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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 18, 1997

MICHAEL P. HERNANDEZ
21045 3RD AVENUE EAST
SUMMERLAND KEY, FL 33043

SUBJECT: KEYWEST CHILDRENS CLINIC P.A.
Ref. Number: W97000021530

We have received your document for KEYWEST CHILDRENS CLINIC P.A. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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

Please return the 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) 487-6925.

Brenda Baker
Corporate Specialist

Letter Number: 897A00046432

FILED

ARTICLES OF INCORPORATION

97 SEP 29 AM 11:39

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

KEY WEST CHILDRENS CLINIC P.A.

ARTICLE II PRINCIPAL OFFICE

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

21045 3rd Ave East
Summerland Key, Florida 33042

ARTICLE III SHARES

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

— 100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Michael P. Hernandez M.D.
21045 3rd Ave East
Summerland Key, FLA
33042

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Michael P. Hernandez M.D.
21045 3rd Ave East
Summerland Key, FLA 33042

Michael P. Hernandez 9/11/97

Signature/Incorporator

9/11/97

Date

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

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

Michael P. Hernandez 9/11/97

Signature/Registered Agent

9/11/97

Date

9/25/97

FILED

97 SEP 29 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Michael Hernandez M.D.
21045 3rd Ave East
Summerland Key, FLA
33042

Brenda Baker
Division of Corporations
PO Box 6327
Tallahassee, FLA 32314

Dear Ms.

The specific nature of the business
of the Keywest Childrens Clinic P.A. is
a medical doctors office to practice pediatric/childrens
medicine.

Thank You

Michael Hernandez M.D.

MICHAEL P. HERNANDEZ, M.D.
13 SHIPS WAY
BIG PINE KEY, FL 33043
(305) 872-0504