

P99000048290

TRANSMITTAL LETTER

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

100002883981--8  
-05/24/99--01084--014  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Anthony Alatraste, M.D., P.A. Family Medicine  
(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: V. Balletto & Associates, Inc.  
Name (printed or typed)

3956 Town Center Blvd., #165  
Address

Orlando, FL 32837  
City, State & Zip

(407) 248-9877  
Daytime Telephone number

FILED  
99 MAY 24 AM 11:33  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

Per Debbie  
"complete name"

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

5-27  
WS

Articles of Incorporation  
Professional Association

Article I - Name

The name of the corporation shall be:

Anthony Alatraste, M.D., P.A.  
Family Medicine

Article II - Purpose

The purpose for which this corporation is organized is:

to engage in all aspects of the practice of medicine and family practice care  
and its fields of specialization. The Corporation shall render professional  
services only through its legally authorized officers, agents and employees.

Article III - Principal Office

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

8101 Canyon Lake Circle  
Orlando, FL 32835

Article IV - Shares

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

100

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TALLAHASSEE, FLORIDA

Article V - Initial Registered Agent and Street Address

The name and address of the initial registered agent is:

Anthony Alatraste, MD  
8101 Canyon Lake Circle  
Orlando, FL 32835


Article VI - Incorporator(s)

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

Anthony Alatraste, MD  
8101 Canyon Lake Circle  
Orlando, FL 32835

The undersigned Incorporator(s) has(have) executed these Articles of

Incorporation this 19 day of May, 1999.



Signature

**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: Anthony Alatrisme, M.D., P.A.  
Family Medicine

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

Anthony Alatrisme, MD  
(NAME)  
8101 Canyon Lake Circle  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)  
Orlando, FL 32835  
(CITY/STATE/ZIP)

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*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.*

  
(SIGNATURE)

5.19.99  
(DATE)