

N12000010044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

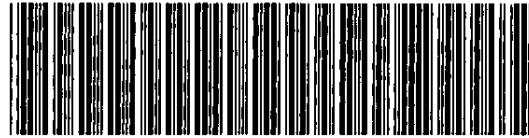
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
10/23/12

COVER LETTER

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

SUBJECT: PAs FOR TOMORROW , INCORPORATED
(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 of
Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: JAMES R PIOTROWSKI, PA-C,MS
Name (Printed or typed)

518 VENETIAN VILLA DRIVE
Address

NEW SMYRNA BEACH, FL 32168
City, State & Zip

386-427-8835 / 386-431-7509
Daytime Telephone number

NEUROPAC@AOL.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 617, F.S., (Not for Profit)

ARTICLE I NAME PAs FOR TOMORROW, INCORPORATED
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
518 Venetian Villa Drive
NEW SMYRNA BEACH, FL 32168

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PAs for Tomorrow is a professional group of PAs committed to the idea that the PA profession must present itself accurately, as autonomous professionals, to survive and prosper in the future medical care marketplace. We believe that every PA must be represented by a title that accurately describes their full worth. We believe in action and legislation that will remove barriers to PA practice, allowing us to provide our care more effectively. We believe our profession needs quality research that quantifies our full impact in the medical world across our varied scopes of practice, both in primary care and specialties. We believe in fair reimbursement for all clinicians, regardless of their title. PAs impact and benefit the lives of millions of patients each day, both across the United States and throughout the world.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

Yearly on March 1 by election of the entire membership

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James R Piotrowski, PA-C,MS
Address: President
518 venetian Villa Drive
New Smyrna Beach, FL 32168

Name and Title: Karen Fields, PA-C MSPAS
Address: Secretary
4 N 554 Klien Rd
West Chicago, IL 60185

Name and Title: David Mittman, PA-C, Vice President
Address: 87 North Hillside Ave
Livingston, NJ 07039

Name and Title: _____
Address: _____

Name and Title: Robert Blumm, PA-C, Treasurer
Address: 69 Robbins Ave
Amityville, NY 11704

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

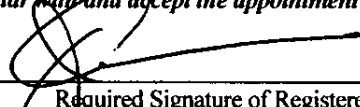
Name: James R Piotrowski, PA-C, MS
Address: 518 Venetian Villa Drive
New Smyrna Beach, FL 32168

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: James R Piotrowski, PA-C, MS
Address: 518 Venetian Villa Drive
New Smyrna Beach, FL 32168

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

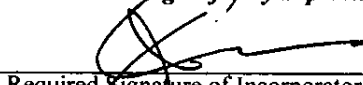


Required Signature of Registered Agent

17/oct/2012

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

17/oct/2012

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA