

PO5000064047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECOND DISTRICT CLERK  
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5/3/05  
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***Paul Elliott, D.O.***

*25 West Highpoint Road  
Stuart, Florida 34996  
Phone: (772) 285-7310  
Fax: (772) 219-9517*

April 26, 2005

Department of State  
Division of Corporations  
Corporate Filings  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: Paul Elliott, D.O., P.A.


To Whom It May Concern:

Attached please find the Articles of Incorporation along with my money order in the amount of \$70.00, for the filing fee to record the above referenced Professional Association. I am also enclosing a self-addressed stamped envelope so that you can return a copy of the recorded set to me.

If you have any questions or require additional information please do not hesitate to contact me at the above number.

Thank you for your help in this matter.

Sincerely,

  
PAUL ELLIOTT, D.O.

## 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:

Paul Elliott, D.O., P.A.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

25 West Highpoint Road  
Stuart, Florida 34996

### ARTICLES III PURPOSE

The purpose for which the corporation is organized is:

Any enterprise including but not limited to providing any and all health care services.

### ARTICLE IV SHARES

The number of shares of stock is:

10,000 shares @ .01 par

### ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The names(s), address(es) and title(s):

### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

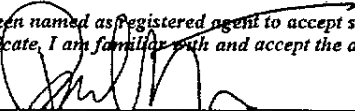
Paul Elliott, D.O.  
25 West Highpoint Road  
Stuart, Florida 34996

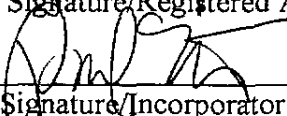
### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Paul Elliott, D.O.  
25 West Highpoint Road  
Stuart, Florida 34996

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

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date

FILED

05 APR 29 AM 10:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA