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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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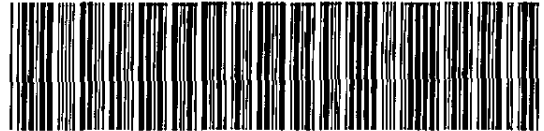
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: ROBERT W. YOUNG, PHD., P.A.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: ROBERT W. YOUNG, PHD., P.A.

Name (Printed or typed)

3400 DUMAINE CT.

Address

CLEARWATER, FL 33761

City, State & Zip

(727) 772- 6469

Daytime Telephone number

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

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:

ROBERT W. YOUNG , PHD. , P. A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3400 DUMAINE CT. CLEARWATER , FL. 33761

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

OFFICE OF PHYSICIAN, MENTAL HEALTH SPECIALISTS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INTIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ROBERT W. YOUNG , PHD. PRESIDENT

ARTICLE VI REGISTERED AGENT

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

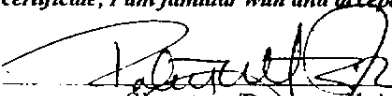
ROBERT W. YOUNG , PHD. 3400 DUMAINE CT. CLEARWATER , FL . 33761

ARTICLE VII INCORPORATOR

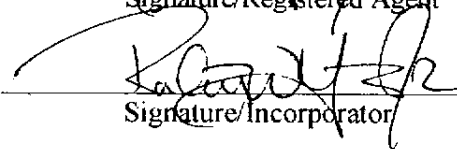
The name and address of the Incorporator is:

ROBERT W. YOUNG , PHD. 3400 DUMAINE CT. CLEARWATER , FL. 33761

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

6/2/05
Date


Signature/Incorporator

6/2/05
Date

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TALLAHASSEE FLORIDA