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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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07 JUN 13 AM 10:03  
SECRETARY OF STATE  
TALAHASSEE, FLORIDA

B. McKnight JUN 14 2007

**COVER LETTER**

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

**SUBJECT:** John A. Maksem, MD, Professional Association  
(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  
Filing Fee

\$78.75  
Filing Fee  
& Certificate of Status

\$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

**FROM:** John A. Maksem, MD, Professional Association  
Name (Printed or typed)

808 Spring Park Loop  
Address

Celebration, FL 34747  
City, State & Zip

515-710-1907 or 407-566-0223  
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:

John A. Maksem, MD, Professional Association

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

808 Spring Park Loop  
Celebration, FL 34747

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Medical Research, Medical Teaching, Medical Publication, and Medical Consultation

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

John A. Maksem, MD  
808 Spring Park Loop  
Celebration, FL 34747

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TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

John A. Maksem, MD  
808 Spring Park Loop  
Celebration, FL 34747

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

John A. Maksem, MD  
808 Spring Park Loop  
Celebration, FL 34747

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*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

\_\_\_\_\_  
June 07, 2007  
Date

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

\_\_\_\_\_  
June 07, 2007  
Date