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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
SteadyMD Physician Group, P.A.

Certificate of Status	0
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Page Count	04
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JAN 24 2017

K. Brumbley

COVER LETTER

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

SUBJECT: SteadyMD Physician Group, 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 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: Scott Soerries
Name (Printed or typed)

70 Arundel Pl.
Address

Clayton MO 63105
City, State & Zip

Daytime Telephone number

guy@steadymd.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 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: SteadyMD Physician Group, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
70 Arundel Pl	
Clayton, MO 63105	

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: medical practice and any other trade or activity as permitted by law

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Scott Soerries; President	Name and Title:	Scott Soerries; Treasurer
Address	70 Arundel Pl	Address:	70 Arundel Pl
	Clayton, MO 63105		Clayton, MO 63105
Name and Title:	Scott Soerries; Secretary	Name and Title:	Scott Soerries; director
Address	70 Arundel Pl	Address:	70 Arundel Pl
	Clayton, MO 63105		Clayton, MO 63105
Name and Title:		Name and Title:	
Address		Address:	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

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

Name: C T Corporation System

Address: 1200 South Pine Island Road

Plantation, FL 33324

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Scott Soerries

Address: 70 Arundel Pl

Clayton, MO 63105

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Kathryn A Whitbeck 1/24/17

Required Signature/Registered Agent Date

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

Scott Soerries 1/24/17

Required Signature/Incorporator Date