

P24000002978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

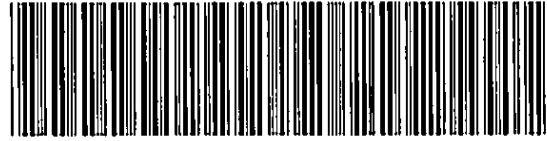
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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JAN 12 2011

STATE OF TEXAS  
COMPTROLLER OF PUBLIC ACCOUNTS  
OFFICE OF THE COMPTROLLER OF PUBLIC ACCOUNTS  
1000 NORTH BRASSFIELD BOULEVARD  
DALLAS, TEXAS 75207-1494  
PHONE: (214) 761-2000  
FAX: (214) 761-2001  
WWW.TXCPA.COM



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations  
From: Eyliena Baker  
Ext: 61594  
Date: 01/12/24  
Order #: 1387948-1  
Re: Emerald Coast Concierge Medicine, P.A.  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$70.00 - FL State Account Number:  
I20000000195

Please take the following action:

File in your office on basis  
Issue Proof of Filing

A handwritten signature in black ink, appearing to read 'Eyliena Baker', is written over the text 'Please take the following action:'.

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## COVER LETTER

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

**SUBJECT:** Emerald Coast Concierge Medicine, 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:** Erik Petersen, D.O.

Name (Printed or typed)

1503 Salamander Trail

Address

Panama City Beach, FL 32413

City, State & Zip

816-500-8690

Daytime Telephone number

erikp90@me.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** Emerald Coast Concierge Medicine, P.A.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address \_\_\_\_\_ Mailing address, if different is: \_\_\_\_\_  
1503 Salamander Trail \_\_\_\_\_  
Panama City Beach, FL 32413 \_\_\_\_\_

**ARTICLE III PURPOSE** We will provide primary care medicine, via telehealth and  
The purpose for which the corporation is organized is: \_\_\_\_\_  
in-person visits, to the citizens of Florida. We will provide world-class, comprehensive care for patients from the  
\_\_\_\_\_ comfort of their home. We will coordinate labs, x-rays and other pertinent ancillary care to ensure patients  
\_\_\_\_\_ achieve peak wellness.  
\_\_\_\_\_

**ARTICLE IV SHARES** 1000  
The number of shares of stock is: \_\_\_\_\_

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

Name and Title: Erik Petersen, D.O.	Name and Title: Will Carlson, M.D.
Address: 1503 Salamander Trail	Address: 25 Teal Court
Panama City Beach, FL 32413	Santa Rosa Beach, FL 32459

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____

2612

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: Corporation Service Company  
Address: 1201 Hays Street  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

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

Name: Erik Petersen  
Address: 1503 Salamander Trail  
Panama City Beach, FL 32413

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

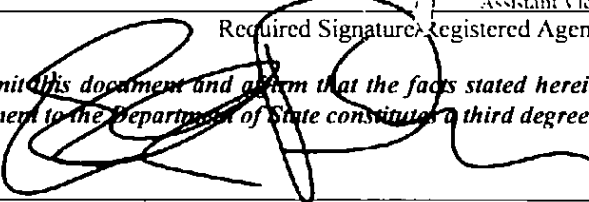
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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:*

  
Assistant Vice President  
Required Signature/Registered Agent  
01/12/2024  
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.*

  
Required Signature/Incorporator  
Date 01/09/24

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