

P03000075713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

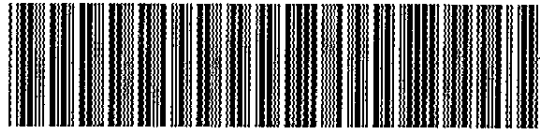
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DATE 7-10-03
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07/03/03--01022--014 **78.75

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03 JUL -3 PM 2:57
CLERK OF COURT
MILWAUKEE, WI

871

TRANSMITTAL LETTER

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

SUBJECT: Scott G. Moore, M.D., P.A.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
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ADDITIONAL COPY REQUIRED

FROM John Peterson
Name (Printed or typed)

912 South Palm Blvd, Suite E
Address

Niceville, FL 32578
City, State & Zip

850-729-1129
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:

Scott G. Moore, M.D., P.A.

ARTICLE II BUSINESS LOCATION

The principal place of business of the corporation is:

7550 Hwy 4
Jay, FL 32565

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To conduct any and all legal medical business transactions for profit, or any other for profit business matters as deemed appropriate by the board of directors.

ARTICLE IV SHARES

The Number of shares of stock is: 1000 Shares of \$1 par common stock.

(ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Scott G Moore
7550 Hwy 4
Jay, FL 32565

ARTICLE VI REGISTERED AGENT

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

John Peterson
912 South Palm Blvd Suite E
Niceville, FL 32578

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Scott G Moore MD
7550 Hwy 4
Jay, FL 32565

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.

John Peterson
Signature/Registered Agent

06/02/2003
Date

Scott G Moore MD
Signature/Incorporator

06/02/2003
Date

FILED
03 JUL -3 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FL

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **Scott G Moore, M.D., P.A.**

2. The name and address of the registered agent and office is:

John Peterson
(NAME)

912 South Palm Blvd, Suite E
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

Niceville, FL 32578
(CITY/STATE/ZIP)

FILED
03 JUL -3 PM 2:58
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(SIGNATURE)

6-3-03
(DATE)