

No 2000002041

TRANSMITTAL LETTER

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

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-03/14/02--01038--025
*****78.75 *****78.75

SUBJECT: LAKE/SUMTNER COUNTY MEDICAL ALLIANCE, INC.
(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
Filing Fee

☒ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: PHILIP M. TOPPINO
Name (Printed or typed)

P.O. BOX 687
Address

MINNEOLA, FL 34755
City, State & Zip

(407) 808-6667
Daytime Telephone number

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

FILED
02 MAR 14 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/3/21

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Lake/Sumtner County Medical Alliance, Inc.

ARTICLE II PRINCIPAL OFFICE

The principle place of business and mailing address of this corporation shall be:

819 High Pointe Circle; Clermont, Florida 34711

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Spouses of Physicians in partnership to promote health education, to identify and address health-care needs and issues, to encourage involvement in legislative education, and to support health related charity endeavors.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed: The method of election of the directors of the Corporation is set forth in the bylaws.

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name(s), address(es) and title(s):

Philip M. Toppino, President, P.O. Box 687; Minneola, Florida, 34755

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Philip M. Toppino, 819 High Pointe Circle; Clermont, Florida, 34711

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Philip M. Toppino, P.O. Box 687; Minneola, Florida, 34755

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

3/12/02

Date



Signature/Incorporator

3/12/02

Date

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TALLAHASSEE, FLORIDA