

NO40000000528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

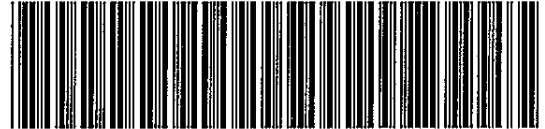
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

*Formed profit corp instead
of non profit - same person
as POI-98547 - name OK
Koberger*

Office Use Only



900026297249

09/29/03--01061--020 **88.75

FILED

03 DEC - 1 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ICB

TRANSMITTAL LETTER

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

SUBJECT: Physician Assistant Provider, 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: Michelle Jn-Baptiste
Name (Printed or typed)

10162 154th RD North
Address

Jupiter FL 33478
City, State & Zip

561 339-3042
Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Physician Assistant Provider, Inc.

ARTICLE II PRINCIPAL OFFICE

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

10162 154th RD NORTH
Jupiter FL 33478

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any activity or business permitted under the laws of the United States and of the state of Florida
HEALTH CARE PROVIDER SERVICES

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

by president and general ballot.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

D- President Michelle JW-Baptiste
D-Vice-President Gregory Cox
D-Secretary Michelle JW-Baptiste
D-Treasurer Michelle JW-Baptiste

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Michelle JW-Baptiste
10162 154th RD N
Jupiter FL 33478

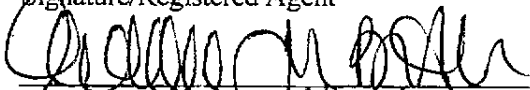
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michelle JW-Baptiste
10162 154th RD NORTH
Jupiter FL 33478

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



Signature/Incorporator/Registered Agent

Date

11/28/03

Date

FILED
03 DEC -1 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA