

N05000003939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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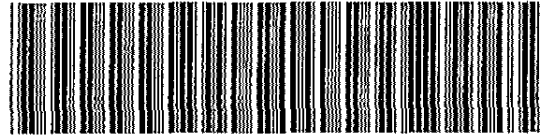
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/04/04---01001---007 \*\*78.75

04/04/05--01005--007 \*\*78.75

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
05 APR 18 PM 4:45

JOE MIKLAS

ATTORNEY, P.A.

March 31, 2005

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

Re: Monroe Osteopathic Medical Association, Inc.

Dear Sir or Madam:

Enclosed please find original and one copy of Articles of Incorporation for the above-referenced corporation. In addition, a check in the amount of \$78.75 is enclosed which represents the following fees:

Filing fee	\$35.00
Registered Agent fee	35.00
Certified copy	8.75

Kindly file the original of the enclosed Articles of Incorporation and return a file stamped copy to this office.

Thank you for your assistance in this matter. Should you have any questions or require any additional information, please phone.

Very truly yours,



Pamela Setchell  
for Joe Miklas

/ps  
Enclosures

Offices: Mile Marker 88.7 • Florida Keys 33070  
Mail: Post Office Box 366 • Islamorada, Florida Keys 33036

Telephone: 305-852-7225 • Facsimile: 305-852-4323



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

April 6, 2005

JOE MIKLAS, P.A.  
POST OFFICE BOX 366  
ISLAMORADA, FL 33036

SUBJECT: MONROE OSTEOPATHIC MEDICAL ASSOCIATION, INC.  
Ref. Number: W05000017489

We have received your document for MONROE OSTEOPATHIC MEDICAL ASSOCIATION, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Document Specialist  
New Filings Section

Letter Number: 205A00023476

RECEIVED

05 APR 18 AM 11:25

ARTICLE OF INCORPORATION  
OF

05 APR 18 PM 4:45

MONROE OSTEOPATHIC MEDICAL ASSOCIATION, INC.

The undersigned, for the purpose of forming a corporation pursuant to Chapter 617, F.S., hereby adopts the following Articles of Incorporation.

Article I – Name: The name of the corporation shall be MONROE OSTEOPATHIC MEDICAL ASSOCIATION, INC.

Article II – Principal Office. The principal place of business is 81990 Overseas Highway, Suite 101, Islamorada, Florida 33036. The mailing address of the corporation is the same.

Article III – Purpose. The purpose of this corporation is to support and encourage the professional practice of osteopathic medicine and encourage continuing education.

Article IV – Manner of Election. The manner in which the directors are elected or appointed is stated in the bylaws of the corporation.

Article V – Initial Directors and/or Officers. The names and addresses of the initial directors and officers of the corporation, who shall hold all offices for the first year of the corporation's existence, or until their successors are elected or appointed are as follows:

Jamie A. Goodman – Director / President  
81990 Overseas Highway, Suite 101, Islamorada, FL 33036

Eugene L. Manuel – Director / Vice President  
P.O. Box 2928, Key Largo, FL 33037

Alan A. Netzman – Director / Secretary / Treasurer  
91555 Overseas Highway, Tavernier, FL 33070

Article VI – Registered Agent. The name and Florida street address of the registered agent is:

Jamie A. Goodman  
81990 Overseas Highway, Suite 101, Islamorada, FL 33036

Article VII - Incorporator. The name and address of the Incorporator is:

Jamie A. Goodman  
81990 Overseas Highway, Suite 101, Islamorada, FL 33036

Dated: \_\_\_\_\_

Jamie A. Goodman  
Signature / Incorporator

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.

Dated: \_\_\_\_\_

Jamie A. Goodman  
Signature / Registered Agent

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
05 APR 18 PM 4:45