

N13000006228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

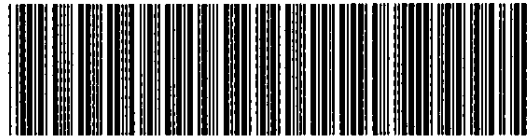
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500249485445

07/08/13--01031 --008 **87.50

FILED

13 JUL -8 PM 4:56
SECRETARY OF STATE
TALLAHASSEE, FL 32399

T Burch JUL 11 2013

COVER LETTER

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

SUBJECT: Florida Academic Healthcare Patient Safety Organization 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: Phillip M. Cox II, Esq.
Name (Printed or typed)

2124 NE Waldo Road, Suite 3100
Address

Gainesville, Florida 32609
City, State & Zip

(352) 273-7006
Daytime Telephone number

coxp@ufl.edu
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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Florida Academic Healthcare Patient Safety Organization Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

**2124 NE Waldo Road, Suite 3100
Gainesville, Florida 32609**

Mailing address, if different is:

**P.O. Box 112725
Gainesville, Florida 32611**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is exclusively scientific and educational within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended and more specifically, shall include:

- A. To operate a patient safety organization that works with academic healthcare providers, hospitals, physicians and other health care providers to indemnify, analyze, and reduce the risk and hazards associated with patient care;
- B. To conduct, coordinate, sponsor and/or assist investigation and activities to increase the knowledge base of academic health providers,

hospitals, physicians & other health care providers so patients may be better served and the quality of healthcare delivered is enhanced;
- C. To undertake the creation of databases and to promote the exchange of information among healthcare providers to identify important

care processes, interventions and best practices to enhance patient safety;
- D. To solicit, obtain, spend, grant and dispose of funds in furtherance of its purpose.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: by the Incorporator

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Randall C. Jenkins Esq. President Name and Title: _____

Address 2124 NE Waldo Road Address: _____
 Gainesville, Florida 32609 _____

Name and Title: Phillip M. Cox II Esq. Vice President Name and Title: _____

Address 2124 NE Waldo Road Address: _____
 Gainesville, Florida 32609 _____

Name and Title: Vikki R. Shirley Esq. Treasurer/Secretary Name and Title: _____

Address 325 West Gaines Street, Suite 1614 Address: _____
 Tallahassee, FL 32399-0400 _____

FILED
13 JUL -8 PM 4:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Phillip M. Cox, II Esq.

Address: 2124 NE Waldo Road

Gainesville, FL 32609

FILED
13 JUL -8 PM 4:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

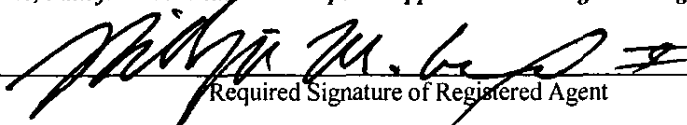
The name and address of the Incorporator is:

Name: Randall C. Jenkins, Esq.

Address: 2124 NE Waldo Road

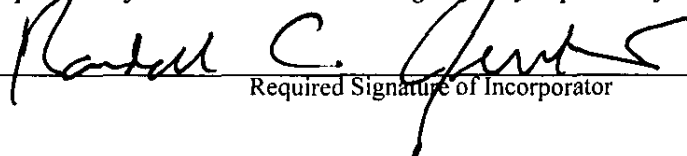
Gainesville, FL 32609

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


Required Signature of Registered Agent

July 1st 2013
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

7.1.13
Date