

N14000003889

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2014 APR 21 PM 3:30

W14

COVER LETTER

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

SUBJECT: First Coast Independent Practice Association, 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: C. Ross Berry
Name (Printed or typed)

3901 University Blvd., Suite 221
Address

Jacksonville, FL 32216
City, State & Zip

(904) 423-0010 ext. 1009
Daytime Telephone number

crberry@firstcoastheart.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2014

C. ROSS BERRY
3901 UNIVERSITY BLVD., SUITE 221
JACKSONVILLE, FL 32216

SUBJECT: FIRST COAST INDEPENDENT PRACTICE ASSOCIATION, INC.
Ref. Number: W14000011252

We have received your document for FIRST COAST INDEPENDENT PRACTICE ASSOCIATION, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Please return the corrected 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) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 214A00003872

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2014 APR 21 PM 3:30

ARTICLE I NAME

The name of the corporation shall be: First Coast Independent Practice Association, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

3901 University Blvd.

Suite #221

Jacksonville, FL 32216

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A non-profit mutual benefit corporation composed of independent physician practices to offer combined services of practices to patients and contract with payers and provide practices with management services, purchasing and contracting services, human resources, marketing, credentialing, standardization and coordination of patient care and other lawful shared services and activities.

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

appointed by the members as stated in the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: C. Ross Berry, President/CEO Name and Title:

Address 3901 University Blvd. Address:

Suite 221

Jacksonville, FL 32216

Name and Title: Majdi Ashchi, D.O., Secy. Name and Title:

Address 3901 University Blvd. Address:

suite 221

Jacksonville, FL 32216

Name and Title: Kevin Hayes, Treasurer Name and Title:

Address 3901 University Blvd. Address:

Suite 221

Jacksonville, FL 32216

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2014 APR 21 PM 3:30

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: C. Ross Berry

Address: 3901 University Blvd., Suite 221

Jacksonville, FL 32216

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: C. Ross Berry

Address: 3901 University Blvd., Suite 221

Jacksonville, FL 32216

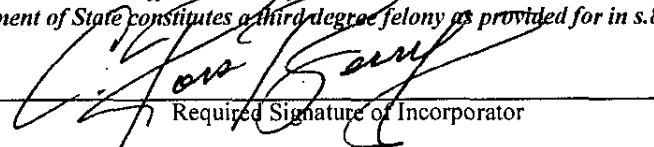
ARTICLE VIII Effective date of the Corporation shall be Ninety (90) days from the date of filing these Articles.

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

2.11.14
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

2.11.14
Date