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DIVISION OF CORPORATIONS
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03/14/16

COVER LETTER

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

SUBJECT: United Physicians 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: Richard H. Levenstein

Name (Printed or typed)

2300 SE Monterey Road, Suite 100

Address

Stuart, FL 34996

City, State & Zip

(772) 288-0048

Daytime Telephone number

RLEVENSTEIN@KSLATTORNEYS.COM

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: UNITED PHYSICIANS ALLIANCE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1310 ST LUCIE WEST BLVD

PORT ST LUCIE, FL 34986

Mailing address, if different is:
PO BOX 881151

PORT ST LUCIE, FL 34988

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: UNITED PHYSICIANS ALLIANCE, INC. IS AN ORGANIZATION
DEDICATED TO THE EDUCATION OF PATIENTS OF MEMBER PHYSICIANS AND MEMBERS OF THE COMMUNITY
AS TO THE NEED FOR QUALITY PATIENT CARE AND THE PRESERVATION OF THE PHYSICIAN-PATIENT
RELATIONSHIP, AND HOW TO BEST PRESERVE AND PROTECT THE RELATIONSHIPS NECESSARY TO ACHIEVE
THESE GOALS. THIS ORGANIZATION SHALL BE INVOLVED IN COMMUNITY EDUCATION AND PUBLIC SERVICES
RELATED THERETO, TO ACHIEVE THESE ENUMERATED GOALS.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: THE INITIAL
DIRECTORS APPOINTED, ELECTED BY MEMBERSHIP THEREAFTER TO 3 YEAR TERMS.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANTHONY B. LEWIS, M.D. PRES

Address: 1310 SW St Lucie W Blvd
Port St Lucie, FL 34986

Name and Title: PERRY LLOYD, M.D. SEC

Address: 2207 Sunrise Blvd
Fort Pierce, FL 34950

Name and Title: RANDALL SEEGER, MD VP

Address: 451 SW Bethany Dr #201
Port St Lucie, FL 34986

Name and Title: IAN BOYKIN, MD TREAS

Address: 2000 Nebraska Ave
Fort Pierce, FL 34950

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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16 MAR -11 PM 12:51

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: Richard H Levenstein

Address: 2300 SE Monterey Road
Stuart, FL 34996

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Richard H Levenstein

Address: 2300 SE Monterey Road
Stuart, FL 34996

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)


Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

X 
Required Signature of Registered Agent

2/29/16
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

2/29/16
Date

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