

N 16000007537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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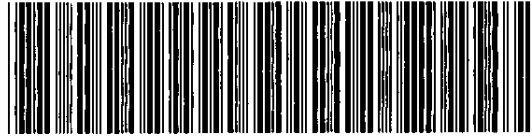
(Business Entity Name)

(Document Number)

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8/1/16

## COVER LETTER

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

SUBJECT: Physicians for PA Continuing Education, 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: Ronald G. Meyer  
Name (Printed or typed)

PO Box 1547  
Address

Tallahassee, FL 32302  
City, State & Zip

(850) 878-5212  
Daytime Telephone number

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

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

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16 AUG - 1 PM 4:40  
TALLAHASSEE, FL

**ARTICLES OF INCORPORATION**  
**OF**  
**PHYSICIANS FOR PA CONTINUING EDUCATION, INC.**

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The undersigned, acting as incorporator of this Corporation not for profit pursuant to Chapter 617, Florida Statutes, adopts the following articles of incorporation as follows:

I.  
**NAME**

The name of this Corporation is Physicians for PA Continuing Education, Inc. The principal place of business and mailing address of the corporation is 222 South Westmonte Drive, Suite 101, Altamonte Springs, Florida 32714.

II.  
**DURATION**

The period of the duration of this Corporation is perpetual unless dissolved according to law. Corporate existence shall commence upon filing with the Secretary of State.

III.  
**PURPOSE**

The Corporation is organized and shall be operated exclusively as a statewide organization of physicians to ensure the professional growth and medical education of Florida Physician Assistants and to support efforts to improve the Physician-Physician Assistant team within Florida. The Corporation shall:

- a. Encourage its membership to render quality service to the health professions and to the public;
- b. Develop, sponsor, and promote continuing medical or medically related education programs for physician assistants.

Notwithstanding any other provision of these Articles or the Bylaws, the Corporation shall exercise its powers, rights, and privileges, whether conferred by this instrument, or by the laws of the state of Florida or otherwise, and shall carry on such other activities, only as are permissible for corporations exempt from federal income tax under Section 501(c)(6) of the Internal Revenue Code of 1986, as amended.

IV.  
**MEMBERS**

The members of the Corporation shall be as provided in the Bylaws. There may be separate classes of membership prescribed in the Bylaws.

V.  
**REGISTERED AGENT**

The street address and city of the registered office of the Corporation is:

131 North Gadsden Street  
Tallahassee, Florida 32301

The name of the registered agent at such address is Ronald G. Meyer, Esquire.

VI.  
**BOARD OF DIRECTORS AND OFFICERS**

The number of persons constituting the Board of Directors of the Corporation shall be not less than three nor more than fifteen as provided in the Bylaws. Initial Directors shall be appointed by the incorporator. Thereafter, the members of the Corporation will select Directors.

VII.  
**INDEMNIFICATION OF OFFICERS AND DIRECTORS**

All officers and directors of this Corporation shall be indemnified by the Corporation as provided in the Bylaws against all expenses and liabilities, including attorney's fees (including appellate proceedings) reasonably incurred in connection with any proceeding or settlement thereof in which they may become involved by reason of holding such office. The Corporation may purchase and maintain insurance on behalf of all officers and directors against any liability asserted against them or incurred by them in their capacity as officers and directors or arising out of their status as such.

VIII.  
**NON-STOCK BASIS**

This Corporation is organized on a non-stock basis.

IX.  
**DISSOLUTION**

In the event of dissolution, the residual assets of the Corporation will be turned over to one or more organizations which themselves are exempt as organizations described in Section 501(c) of the Internal Revenue Code of 1986, as amended, or the corresponding sections of any prior or future law, or to the federal, state or local government for exclusively public purposes as provided in the Bylaws.

X.  
**NON-PROFIT STATUS**

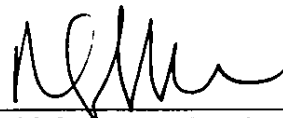
This organization is organized not-for-profit and is not intended to be nor is it organized for the purpose of engaging in any activity ordinarily carried on for profit. No part of the net earnings of this corporation will inure to the benefit of any member or other individual. The Corporation shall be primarily supported by membership dues or other income from activities substantially related to its tax exempt purpose.

XI.  
**INCORPORATOR**

The name and address of the incorporator of this Corporation are as follows:

Ronald G. Meyer, Esquire  
131 North Gadsden Street  
Tallahassee, Florida 32301

**IN WITNESS WHEREOF**, the undersigned, being the incorporator of this Corporation, has executed these Articles of Incorporation on the date indicated. 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 Section 817.155, Florida Statutes.



\_\_\_\_\_  
Ronald G. Meyer, Esquire  
Incorporator

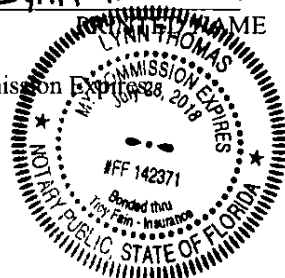
STATE OF FLORIDA  
COUNTY OF LEON

The foregoing instrument was acknowledged before me on this 1st day of August, 2016, by Ronald G. Meyer, Esquire, who is personally known to me OR ~~who has produced a valid Florida Driver's License as identification (strike through one)~~ and who did OR ~~did not (strike through one)~~ take an oath that he made and subscribed the same for the purposes therein mentioned and set forth.

  
NOTARY PUBLIC

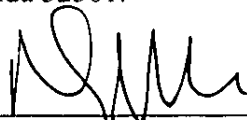
Notary: Lynn T. Thomas

My Commission Expires



**ACCEPTANCE BY REGISTERED AGENT**

Having been named as registered agent to accept service of process for the above-stated Corporation, at the place designated in these Articles of Incorporation, I am familiar with and accept the appointment as registered agent and agree to act in this capacity, and I agree to comply with the provisions of Florida Statutes relative to keeping open said office for service of process at 131 North Gadsden Street, Tallahassee, Florida 32301.



Ronald G. Meyer, Esquire  
Registered Agent

Date: August 1, 2016

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16 AUG -1 PM 4:40  
TALLAHASSEE, FLORIDA