

1722000000394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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WAIT



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(Business Entity Name)

(Document Number)

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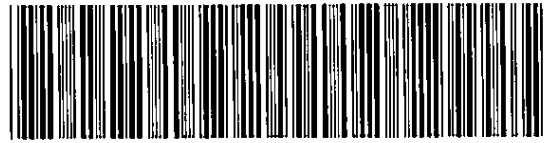
Special Instructions to Filing Officer:

W220000005760

Office Use Only

T. SCOTT

JAN 19 2022



300367138623

22 JAN 19 PM 12:43  
TALLEN COUNTY, FLORIDA

01/19/22--01002--014 \*\*78.75

RECORDED  
2022 JAN 18 PM 1:26  
TALLEN COUNTY, FLORIDA

**COVER LETTER**

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

SUBJECT: DOWNRIVER HEART AND VASCULAR SPECIALIST 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: SHANNON DOROTHY GALLEN  
Name (Printed or typed)

810 WADSWORTH ST UNIT 110B  
Address

TALLAHASSEE FL 32304  
City, State & Zip

850-249-0330  
Daytime Telephone number

RLMDPCINC@gmail.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

January 19, 2022

SHANNON DOROTHY GALLEN  
810 WADSWORTH ST UNIT 110B  
TALLAHASSEE, FL 32304 US

SUBJECT: DOWNRIVER HEART AND VASCULAR SPECIALIST INC  
Ref. Number: W22000005760

We have received your document for DOWNRIVER HEART AND VASCULAR SPECIALIST 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.

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

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.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 522A00001450



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 18, 2022

SHANNON DOROTHY GALLEN  
810 WADSWORTH ST UNIT 110B  
TALLAHASSEE, FL 32304 US

SUBJECT: DOWNRIVER HEART AND VASCULAR SPECIALIST PC  
Ref. Number: W22000005760

TALLAHASSEE, FLORIDA

2022 JAN 19 PM 12:49

RECEIVED

We have received your document for DOWNRIVER HEART AND VASCULAR SPECIALIST PC and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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 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.

Carlos E Rico  
Regulatory Specialist III

Letter Number: 322A00001354

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

**ARTICLE I NAME**

The name of the corporation shall be: DOUGLAS HART & VASCULAR SPECIALIST INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address: 810 WADSWORTH ST Mailing address, if different is:  
UNIT 110B  
TALLAHASSEE FL 32304

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: DOCTOR ~~ASSISTANT~~ ASSISTANT  
MEDICAL CODING AND BILLING

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: DIRECTORS  
are appointed

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>SHANNON DORETH GARNER</u>	Name and Title:	<u>DIRECTOR</u>
Address	<u>810 WADSWORTH ST</u>	Address:	
	<u>UNIT 110B</u>		
	<u>TALLAHASSEE FL 32304</u>		
Name and Title:	<u>WILLIAM BAKER</u> O	Name and Title:	
Address	<u>2635 MISSION</u>	Address:	
	<u>R.D Tallahassee FL</u>		
Name and Title:	<u>SEAN JASMINE</u> O	Name and Title:	
Address	<u>810 WADSWORTH</u>	Address:	
	<u>ST unit 110B</u>		
	<u>Tallahassee FL 32304</u>		

FILED  
22 JAN 19 PM 12:43  
TALLAHASSEE, FL  
CLERK OF DISTRICT COURT

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: SHANNON DOROTHY GALLEN  
 Address: 810 WADSWORTH ST  
UNIT 110B TALLAHASSEE FL 32304

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: SHANNON DOROTHY GALLEN  
 Address: 810 WADSWORTH ST  
UNIT 110B TALLAHASSEE FL 32304

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 01-18-2022. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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*

S GALLEN  
 Required Signature of Registered Agent

01-18-2022  
 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.*

S GALLEN  
 Required Signature of Incorporator

01-18-2022  
 Date