

# N98000005217

## TRANSMITTAL LETTER

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

SUBJECT: PANHANDLE MEDICAL SOCIETY, INC.  
(Proposed corporate name - must include suffix)

700002629937--3  
-09/01/98--01029--020  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

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

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: Jeff Scott  
Name (Printed or typed)

123 S. Adams St.  
Address

Tallahassee, FL 32308  
City, State & Zip

850 224-6496  
Daytime Telephone number

FILED  
98 SEP 14 AM 10:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

T. SMITH SEP 14 1998



**FLORIDA DEPARTMENT OF STATE**

**Sandra B. Mortham**  
Secretary of State

September 8, 1998

JEFF SCOTT  
123 S. ADAMS ST.  
TALLAHASSEE, FL 32308

SUBJECT: PANHANDLE MEDICAL SOCIETY, INC.  
Ref. Number: W98000020375

We have received your document for PANHANDLE MEDICAL SOCIETY, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as Registered Agent.")

The registered agent must sign accepting the designation.

Please return the 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) 487-6927.

Tracy Smith  
Document Specialist

Letter Number: 198A00045591

ARTICLES OF INCORPORATION  
OF  
PANHANDLE MEDICAL SOCIETY, INC.  
A FLORIDA NONPROFIT CORPORATION

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE ONE

**Name**

The name of the Corporation is Panhandle Medical Society, Inc.

ARTICLE TWO

**Principal Office and Address**

The address of the principal office of the corporation is 123 South Adams Street, Tallahassee, Florida 32301, and the mailing address of the corporation is P.O. Box 10269, Tallahassee, Florida 32303.

ARTICLE THREE

**Duration**

The term of existence of the Corporation is perpetual; and the corporate existence will commence on the filing of these articles by the Department of State.

ARTICLE FOUR

**Purpose**

The purposes for which the Corporation is organized are:

A. To unite the medical profession of Jackson, Calhoun, Holmes, Gadsden, Liberty and Washington Counties into one compact organization and to unite with similar organizations in other counties as component societies of the Florida Medical Association and through it and with other state medical associations to form and support the American Medical Association.

B. To promote the science and art of medicine and the betterment of public health; to extend medical knowledge and to advance medical science; to elevate the standards of medical education; to strive for the enactment, preservation and enforcement of just medical and public health laws; to promote friendly relationships among physicians and to guard and foster their material interests; to enlighten and alert the public.

C. To carry out these objects of the corporation as a business league not organized for profit, and no part of the net earnings shall inure to the benefit of any private member or individual, as an exempt corporation not for profit within Section 501(c)(6), 26 U.S.C.A., Internal Revenue Code of 1954.

D. To do anything necessary and proper for the accomplishment of any purposes set forth above.

## ARTICLE FIVE

### Membership

A. Any physician holding the degree of Doctor of Medicine from a medical school approved by the Accreditation Council for Graduate Medical Education (ACGME) and who is duly licensed by the State of Florida and who is in good moral and professional standing and who practices in Jackson, Calhoun, Holmes, Gadsden, Liberty or Washington County shall be eligible for membership.

B. Any physician holding the degree of Doctor of Osteopathy who has satisfactorily completed an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) internship or residency training program and who is duly licensed by the State of Florida and who is in good moral and professional standing and who practices in Jackson, Calhoun, Holmes, Gadsden, Liberty or Washington County shall be eligible for membership.

## ARTICLE SIX

### Directors

The method of election of the directors of the Corporation is set forth in the bylaws.

ARTICLE SEVEN

**Registered Office and Agent**

The initial registered office of the Corporation shall be located at 123 South Adams Street, Tallahassee, Florida 32301. The initial registered agent of the Corporation at that address shall be Jeffery M. Scott.

ARTICLE EIGHT

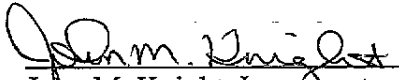
**Incorporators**


The names and residence addresses of the incorporators are:

Name	Address
Jeffery M. Scott	123 South Adams Street Tallahassee, FL 32301
John M. Knight	123 South Adams Street Tallahassee, FL 32301
Natalie B. Mims	123 South Adams Street Tallahassee, FL 32301

IN WITNESS WHEREOF, we have subscribed our names this 31<sup>st</sup> day of August, 1998.

  
Jeffery M. Scott, Incorporator

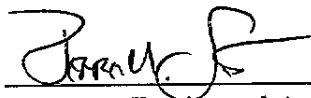
  
John M. Knight, Incorporator

  
Natalie B. Mims, Incorporator

This instrument was prepared by Jeffery M. Scott, whose address is 123 South Adams Street,  
Tallahassee, Florida 32302.

**ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT FOR PANHANDLE  
MEDICAL SOCIETY, INC.**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Signature/Registered Agent

9/10/98

Date

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TALLAHASSEE, FLORIDA