

P00000004825

**ATTORNEYS' TITLE**

Requestor's Name

660 E. Jefferson St.

Address

Tallahassee, FL 32301

City/St/Zip

850-222-2785

Phone #

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1- ERIC YOUNG, M.D. P.A.

2-

3-

4-

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 JAN 14 PM 1:54

APPROVED  
AND  
FILED

☒ Walk-in

☐ Pick-up time ASAP

☐ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

**NEW FILINGS**

XX	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

**AMENDMENTS**

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

**OTHER FILINGS**

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

**REGISTRATION/QUALIFICATION**

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

300003099259-119  
-01/14/00--01073--017  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Examiner's Initials

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

00 JAN 14 PM 1:32

RECEIVED

**ARTICLES OF INCORPORATION**  
(Professional Corporation)

of

**ERIC YOUNG, M.D.P.A.**

The undersigned, all of whom are/who is duly licensed to practice medicine in the State of Florida, desiring to form a professional corporation in accordance with Chapters 607 and 621 of the Florida Statutes and the Florida Professional Services Corporation Act, adopt(s) the following Articles of Incorporation:

**ARTICLE I**

**NAME**

The name of the corporation shall be Eric Young, M.D.P.A.

**ARTICLE II**

**PURPOSE**

The purpose for which the corporation is organized is to practice the profession of "Medical Doctor."

**ARTICLE III**

**DURATION**

The term of existence of the corporation shall be perpetual.

**ARTICLE IV**

**CAPITAL STOCK**

The number of shares of stock that the corporation is authorized to have outstanding is 1,000, all of which shall be common shares with a par value of \$1.00.

APPROVED  
AND  
FILED  
00 JAN 14 PM 1:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE V

### CAPITAL

The amount of stated capital with which the corporation shall commence business is \$1,000.00.

## ARTICLE VI

### PRINCIPAL OFFICE

The address of the initial principal office of the corporation in this State is % Kent Runnells, Esq., 101 Main Street, Suite A, Safety Harbor, Florida 34695. The initial registered agent at the principal office is Kent Runnells.

## ARTICLE VII

### INCORPORATORS

The name and post office address of the Incorporator is:

Eric Young, M.D.  
% Kent Runnells, Esq.  
101 Main Street, Suite A  
Safety Harbor, FL 34695

## ARTICLE VIII

### REGISTERED AGENT

Kent Runnells, 101 Main Street, Suite A, Safety Harbor, Florida 34695 is hereby designated **REGISTERED AGENT** upon whom process may be served.

IN WITNESS WHEREOF, I hereunto set my hand and seal, and acknowledge and file the foregoing Articles of Incorporation of **ERIC YOUNG, M.D.P.A.**, under the laws of the State of Florida, this 7 day of January, 2000.

  
\_\_\_\_\_  
ERIC YOUNG, Initial Subscriber

STATE OF North Carolina  
COUNTY OF Gaston

The foregoing instrument was duly executed and acknowledged before me this 7<sup>th</sup> day of January, 2000, by Eric Young, M.D., who is [ ] personally known to me or [✓] has produced S.C. Drivers License as identification.

Carrie C. Bumgarner  
NOTARY PUBLIC  
Print Name Carrie C. Bumgarner  
Serial No. \_\_\_\_\_  
My Commission Expires 1-24-2004

Having been named as REGISTERED AGENT and to accept service of process for the above stated corporation at the place designated in the 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.

Kent Runnells  
KENT RUNNELLS

APPROVED  
AND  
FILED

00 JAN 14 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA