

P0000000 25463

TRANSMITTAL LETTER

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

200003152232--7

-03/01/00--01009--003  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

SUBJECT: STACEY R. MURRAY, MD, P.A.  
(Proposed corporate name - must include suffix)

200003152232--7

-03/01/00--01009--004  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

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 of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: STACEY R. MURRAY, MD  
Name (Printed or typed)

PO Box 144655  
Address

200003152232--7  
-03/19/00--01065--010  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

MIAMI, FL 33114  
City, State & Zip

305-793-8296  
Daytime Telephone number

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

FILED  
00 MAR -1 AM 11:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

gk  
3/8

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

STACEY R. MURRAY, MD, P.A.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

BUSINESS: 7800 SW 87<sup>th</sup> Ave  
Suite A-100  
MIAMI, FL 33173

MAILING  
ADDRESS

STACEY MURRAY, MD  
PO BOX 144655  
MIAMI, FL 33114

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL PRACTICE, TO PROVIDE PATIENTS WITH MEDICAL SERVICES

## ARTICLE IV SHARES

The number of shares of stock is: 100

## ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es): STACEY MURRAY, MD  
PO BOX 144655  
MIAMI, FL 33114

## ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

Registered agent is the incorporator

STACEY MURRAY  
7800 SW 87<sup>th</sup> Ave.  
Suite A-100  
MIAMI FL 33173

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:

STACEY MURRAY, MD  
PO BOX 144655  
MIAMI, FL 33114

\*\*\*\*\*  
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.

Stacey Murray

Signature/Registered Agent

2/26/00

Date

Stacey Murray MD

Signature/Incorporator

2/26/00

Date

00 MAR - 1 AM 11:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED