

P00000030224

TRANSMITTAL LETTER

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

SUBJECT: WALTER MARTIN, M.D., P.A.
(Proposed corporate name - must include suffix)

8000003175846-22
-03/20/00-01082-009
*****78.75 *****78.75

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: WALTER MARTIN, M.D.
Name (Printed or typed)

1480 73RD CIRCLE NE
Address

SAINT PETERSBURG FL 33702
City, State & Zip

(727)-521-2941
Daytime Telephone number

FILED
00 MAR 20 PM 5:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

EFFECTIVE DATE
3-17-00

T BROWN MAR 24 2000

ARTICLES OF INCORPORATION

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

EFFECTIVE DATE

3-17-00

ARTICLE I NAME

The name of the corporation shall be: WALTER MARTIN, M.D., P.A.

EFFECTIVE DATE 3/17/00

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 1480 73RD CIRCLE NE
ST. PETERSBURG, FL
33702

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MEDICAL PRACTICE IN INTERNAL MEDICINE

ARTICLE IV SHARES

The number of shares of stock is: 100 (one hundred)

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es): WALTER MARTIN, M.D., (President)
1480 73RD CIRCLE NE
ST. PETERSBURG, FL 33702

ARLYN MARTIN (Secretary)
1480 73RD CIRCLE NE
ST. PETERSBURG, FL 33702

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are: WALTER MARTIN, M.D.,
1480 73RD CIRCLE NE
ST. PETERSBURG, FL 33702

ARTICLE VII INCORPORATOR

The name and address of the Incorporator are: WALTER MARTIN, M.D.,
1480 73RD CIRCLE NE
ST. PETERSBURG, FL 33702

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.

Walter Martin, M.D.
Signature/Registered Agent

3/17/00

Date

Walter Martin, M.D.
Signature/Incorporator

3/17/00

Date