

TRANSMITTAL LETTER

P00000037386

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

SUBJECT: Derek S. Bohn M.D. P.A.
(Proposed corporate name - must include suffix)

500003196965--7
-04/05/00--01072--009
*****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 of Status

☐ \$78.75
Filing Fee
& Certified Copy
☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Derek Bohn
Name (Printed or typed)

3395 Mission Bay Blvd, Ste 259
Address

Orlando, FL 32817
City, State & Zip

Derek Bohn GAVE

AUTHORIZATION BY PHONE TO

CORRECT add purpose

DATE 4/12

DOC. EXAM 162

407 657-2714
Daytime Telephone number

FILED
00 APR 12 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Derek S. Bohn M.D. P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3395 Mission Bay Blvd, Ste. 259
Orlando, FL 32817

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Derek Bohn
3395 Mission Bay Blvd, Ste. 259
Orlando, FL 32817

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Derek Bohn
3395 Mission Bay Blvd, Ste. 259
Orlando, FL 32817



Signature/Incorporator

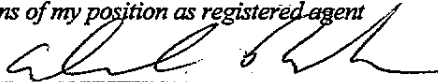
3/27/00

Date

ARTICLE VI PURPOSE

The specific purpose is to practice medicine within the state of Florida.

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

3/27/00

Date

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00 APR 12 PM 12:26
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TALLAHASSEE, FLORIDA