

TRANSMITTAL LETTER
P00000044316

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

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-05/02/00--01004--011
*****87.50 *****87.50

SUBJECT: QUINCY FAMILY MEDICINE, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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: CARLA HOLLOMAN-HORTON, D.O.
Name (Printed or typed)

145 SANTA MONICA AVENUE
Address

ROYAL PALM BEACH, FL 33411-1102
City, State & Zip

561-753-3398
Daytime Telephone number

FILED
00 MAY -2 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FL 32306

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

5-3
190

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:

QUINCY FAMILY MEDICINE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

405A EAST JEFFERSON STREET
QUINCY, FL 32351

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL (OSTEOPATHIC) PHYSICIAN'S OFFICE

ARTICLE IV SHARES

The number of shares of stock is:

1,000 shares @ \$.001 par value

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

CARLA HOLLOMAN-HORTON, D.O.
145 SANTA MONICA AVENUE
ROYAL PALM BEACH, FL 33411-1102

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

CARLA HOLLOMAN-HORTON, D.O.
405A EAST JEFFERSON STREET
QUINCY, FL 32351

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CARLA HOLLOMAN-HORTON, D.O.
405A EAST JEFFERSON STREET
QUINCY, FL 32351

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Date

4/26/00

Signature/Incorporator

Date

4/26/00

FILED
00 MAY -2 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FL 32399