

TRANSMITTAL LETTER

P00000102/24

FILED

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

00 OCT 30 AM 10: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: William Steve Haston, M.D., P.A.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

000003444150--1
-10/30/00--01127--001
*****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: William Steve Haston, M.D.
Name (Printed or typed)

105 N. Atlantic Drive
Address

Lantana, FL 33462-1913
City, State & Zip

(561) 586-6621
Daytime Telephone number

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

9/14 10/31/00

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:

William Steve Haston, M.D., P.A.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

105 N. Atlantic Drive
Lantana, FL 33462-1913

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Care (Physician)

ARTICLE IV SHARES

The number of shares of stock is:

1,000. (One thousand)

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Pres., V.P., Sec'y, Treas. : William Steve Haston, M.D.
105 N. Atlantic Drive
Lantana, FL 33462-1913

ARTICLE VI REGISTERED AGENT

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

William Steve Haston, M.D.
105 N. Atlantic Drive
Lantana, FL 33462-1913

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

William Steve Haston, M.D.
105 N. Atlantic Drive
Lantana, FL 33462-1913

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

William Steve Haston, M.D.
Signature/Registered Agent William Steve Haston, M.D.

10/27/00
Date

William Steve Haston, M.D.
Signature/Incorporator William Steve Haston, M.D.

10/27/00
Date