

# P010000019988

## TRANSMITTAL LETTER

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

900003672799--3  
-02/14/01--01052--009  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

**SUBJECT:** Claude John Mason M.D. M.B.A. P.A.  
(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

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

**FROM:** Claude John Mason M.D.  
Name (Printed or typed)

8309 Eagle Lake Drive  
Address

Sarasota, FL 34241  
City, State & Zip

(941) 925-0675  
Daytime Telephone number

2001 FEB 22 AM 10:32  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

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

630  
W01-3593  
Jg 2/23/01



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

FILED

2001 FEB 22 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

February 15, 2001

CLAUDE JOHN MASON M.D.  
8309 EAGLE LAKE DRIVE  
SARASOTA, FL 34241

SUBJECT: CLAUDE JOHN MASON M.D. M.B.A. P.A.  
Ref. Number: W01000003593

We have received your document for CLAUDE JOHN MASON M.D. M.B.A. P.A..  
However, the document has not been filed and is being returned for the following:

The specific nature of business of the professional association must be stated in the document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6973.

Claretha Golden  
Document Specialist

Letter Number: 401A00009593

## 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:

Claude John Mason M.D. M.B.A. P.A.

*SPECIFIC NATURE OF BUSINESS -*

*THE PROVISION OF PHYSICIAN  
MEDICAL SERVICES.*

### ARTICLE II PRINCIPAL OFFICE

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

8309 Eagle Lake Dr.  
Sarasota, FL 34241

*cll*  
2/18/01

### ARTICLE III SHARES

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

1,000 Shares \$1.00 Par Value

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Claude John Mason M.D.  
8309 Eagle Lake Dr.  
Sarasota, FL 34241

### ARTICLE V INCORPORATOR

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

Claude John Mason M.D.  
8309 Eagle Lake Dr.  
Sarasota, FL 34241

**FILED**  
2001 FEB 22 AM 10:33  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*cll*

Signature/Incorporator

2/12/01

Date

(An additional article must be added if an effective date is requested.)

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

*cll*

Signature/Registered Agent

2/12/01

Date