

TRANSMITTAL LETTER

PO10000024463

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

SUBJECT: Complementary Medical Associates, P.A.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

2000003798782--1  
-03/05/01--01133--004  
\*\*\*\*\*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: Randy Rovins  
Name (Printed or typed)

118 Flagler Plaza Dr #116  
Address

Palm Coast, Florida 32137  
City, State & Zip

904-441-9988  
Daytime Telephone number

FILED  
01 MAR -5 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

LB  
3/10

(2)

# 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:

Complementary Medical Associates, P.A.

FILED

01 MAR -5 PM 3:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

118 Flagler Plaza Drive #116  
Palm Coast, Florida 32137

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Practice

## ARTICLE IV SHARES

The number of shares of stock is: 100

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

## ARTICLE VI REGISTERED AGENT

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

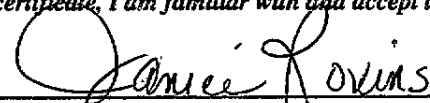
Janice Rovins  
118 Flagler Plaza Drive #116  
Palm Coast, Florida 32137

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Randy Rovins  
118 Flagler Plaza Drive #116  
Palm Coast, Florida 32137

\*\*\*\*\*  
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

3/1/01  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

3/1/01  
\_\_\_\_\_  
Date