

P01880061063

TRANSMITTAL LETTER

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

600004419866--5  
-06/14/01--D1062--007  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: Alex White MD PA  
(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: Alex White MD  
Name (Printed or typed)

5 Fe 5 Festiva Drive  
Address

Daytona Bch, FL 32124  
City, State & Zip

904 (386) 274-3344  
Daytime Telephone number

FILED  
01 JUN 14 PM 3:24  
SECRETARY OF STATE  
TALLAHASSEE, FL 09102

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

6-19-01  
110

## 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:

Alex White MD PA.

### ARTICLE II PRINCIPAL OFFICE

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

5 Festiva Drive Daytona Bch, FL 32124

### ARTICLE III SHARES

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

1,000

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Alex White MD 5 Festiva Dr Daytona Bch, FL 32124

### ARTICLE V INCORPORATOR

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

Alex White MD  
5 Festiva Dr.  
Daytona Bch, FL 32124

  
Signature/Incorporator

6/12/01  
Date

Article VI Specific Purpose  
The Practice of Medicine  
(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

  
Signature/Registered Agent

6/12/01  
Date

FILED  
01 JUN 14 PM 3:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA