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TRANSMITTAL LETTER

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

Subject Clark S. McCoy MD, PA

900004468879--5
-07/11/01--01023--024
*****78.75 *****78.75

Enclosed is an original and one (1) copy of the articles of incorporation and a check for

☒ $78.75 Filing Fee & Certified Copy	☐ $122.50 Filing Fee & Certified Copy (ADDT'L COPY REQ'D)	☐ $131.25 Filing Fee, Certified Copy & Certificate (ADDT'L COPY REQ'D)

FROM:	Clark McCoy
	201 SE 2nd Ave, #304 Gainesville, Florida 32601

FILED
01 JUL 11 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles. Provide **TWO** copies if you have requested a certified copy as designated in the boxes above.

PS 7/13/02

FILED

01 JUL 11 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
Clark S. McCoy MD, PA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Professional Service Corporation and Limited Liability Company Act, *621 F.S. hereby adopts the following articles of incorporation.*

ARTICLE I NAME

The name of the Corporation shall be: Clark S. McCoy MD, PA

ARTICLE II PRINCIPAL OFFICE

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

1026 SW 2nd Ave, Suite D
Gainesville, Florida 32601

ARTICLE III PURPOSE

The specific purpose for which the corporation is being formed is: Family Medicine Clinic

ARTICLE IV SHARES

The number of shares of stock is: 1,500

ARTICLE V REGISTERED AGENT

The name and Florida street address registered agent is:

Clark McCoy
201 SE 2nd Ave, #304
Gainesville, Florida 32601

ARTICLE VI INCORPORATOR

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

Clark McCoy
201 SE 2nd Ave, #304
Gainesville, Florida 32601

C M - C Y
Clark McCoy, Incorporator

7/09/01
Date

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.

C M - C Y
Clark McCoy, Registered Agent

7/09/01
Date