

PD1000103450

TRANSMITTAL LETTER

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

Richard Powell, M.D. P.A.

SUBJECT: \_\_\_\_\_  
(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: Richard Powell M.D. P.A.  
Name (Printed or typed)

8715 North 30<sup>th</sup> Street #1

Address

Tampa, Florida 33604

City, State & Zip

813-263-8991

Daytime Telephone number

400004649664--8  
-10/23/01--01001--016  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

01 OCT 22 PM 1:21

FILED

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

D. WHITE OCT 25 2001

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# 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:

Richard Powell, M.D. P.A.

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TALLAHASSEE FLORIDA

## ARTICLE II PRINCIPAL OFFICE

The principal of business/mailling address is:

8715 North 30<sup>th</sup> Street #1

Tampa, Florida 33604

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide medical services to the American public within the Tampa Bay area.

## ARTICLE IV SHARES

The number of shares of stock is:

One hundred share of \$1.00 par value Common Stock

## 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:

Foster Lovett, CPA

400 E. MLK Blvd #108

Tampa, Fl 33603

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dr. Richard Powell

1736 Scotch Pine Drive

Brandon, Fl 33511

.....  
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.

Foster Lovett CPA  
Signature/Registered Agent

9/3/01  
Date

Richard E. Powell MD  
Signature/Incorporator

9/5/01  
Date