

P028880093495

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

SUBJECT: Panhandle Family Care Associates, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Panhandle Family Care Associates, Inc.
Name (Printed or typed)

4284 Kelson Ave
Address

Marranwa FL 32442
City, State & Zip

850-482-2910
Daytime Telephone number

RECEIVED

02 AUG 28 PM 2:47

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 AUG 28 PM 2:53

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-08/29/02--01001--001
*****87.50 *****87.50

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

8-28-02
110

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:

Pawhandle Family Care Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4284 Kelson Ave
Marianna, FL 32446

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to Provide Medical Services

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Mark E Akerson, M.D.
5213 Oak Drive
Marianna, FL 32446
President

John A Spence, M.D.
2855 Magnolia Blossom Lane
Marianna, FL 32446
Vice President, Registered Agent

ARTICLE VI REGISTERED AGENT

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

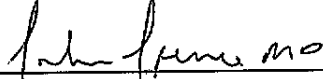
John A Spence, M.D.
2855 Magnolia Blossom Lane
Marianna, FL 32446

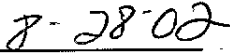
ARTICLE VII INCORPORATOR

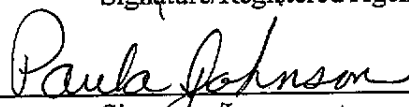
The name and address of the Incorporator is:

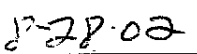
Paula Johnson
1811 Toke Way
Grand Ridge, FL 32442

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


Date


Signature/Incorporator


Date

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
02 AUG 28 PM 2:53