P02000093485

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)

02 AUG 28 PM 2:47
RECEIVED

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

Marianna FL 32442
City, State & Zip

850-482-2910
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
02 AUG 29 PM 2:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA
CORPORATIONS
DIVISION

ARTICLE I NAME

The name of the corporation shall be:

Panhandle Family Care Associates, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing 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, MD
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 Tobe Way
Grand Ridge, FL. 32442

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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

John A Spence MD
Signature/Registered Agent

8-28-02
Date

Paula Johnson
Signature/Incorporator

8-28-02
Date