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(Business Entity Name)

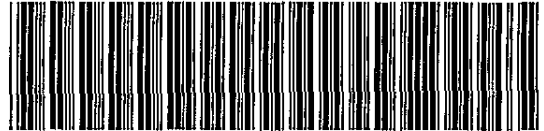
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10/29/02--01052--002 **78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W-31120

TRANSMITTAL LETTER

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

SUBJECT: Treasure Coast Periodontics, P.A.
(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

X \$78.75
Filing Fee &
Certified Copy

____ \$131.25
Filing Fee,
Certified Copy &
Certificate

78 10-25-02
CK# 1596

FROM:

James J. Horan, DMD
2836 SE Federal Hwy
Stuart, FL 34994

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



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

October 29, 2002

JAMES J HORAN DMD
2836 SE FEDERAL HWY
STUART, FL 34994

SUBJECT: TREASURE COAST PERIODONTICS, P.A.
Ref. Number: W02000031120 ...

We have received your document for TREASURE COAST PERIODONTICS, P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight
Document Specialist
New Filing Section

Letter Number: 102A00059445

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Treasure Coast Periodontics, P.A

ARTICLE II PRINCIPAL OFFICE

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

2836 SE Federal Hwy
Stuart, FL 34994

ARTICLE III PURPOSE

The purpose and specific nature of this preprofessional association is:

Periodontic & Oral Implantology medical specialty services

ARTICLE IV SHARES

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

10,000

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

James J. Horan, DMD
2836 SE Federal Hwy
Stuart, FL 34994

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

James J. Horan, DMD
2836 SE Federal Hwy
Stuart, FL 34994

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 25th Day of October, 2002.

X J Horan DMD 10-25-02
Signature

Signature

Signature

**Articles of Incorporation
Filing Fee - \$35**

**CERTIFICATE OF DESIGNATION OF
REGISTERD AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The Name of the corporation is:

Treasure Coast Periodontics, P.A.,

2. The Name and address of the registered agent and office is:

James J. Horan, DMD

2836 SE Federal Hwy
Stuart, FL 34994

Daytime Phone #: 772-781-0744

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

X James J. Horan, DMD
(Signature)

10-25-02
(Date)