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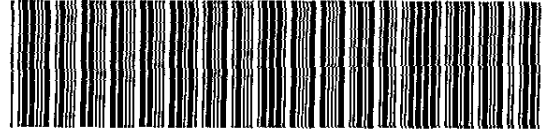
(Business Entity Name)

(Document Number)

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03 FEB 10 AM 9:54

17-03  
2-10-03

**TRANSMITTAL LETTER**

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

SUBJECT: Bay Area Primary Care, 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: Thomas B. Anderson, M.D., Ph.D.  
Name (Printed or typed)

4219 U.S. Highway 19  
Address

New Port Richey, FL 34652  
City, State & Zip

(727) 846-1808  
Daytime Telephone number

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

ARTICLES OF INCORPORATION  
OF  
BAY AREA PRIMARY CARE, INC.

FILED  
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DIVISION OF CORPORATIONS  
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ARTICLE I

The name of the corporation shall be BAY AREA PRIMARY CARE, INC.

ARTICLE II

The principal place of business is 4219 U.S. Highway 19, New Port Richey, Florida 34652.

ARTICLE III

The purpose for which the corporation is organized is the practice of primary care medicine and other services related to the practice of medicine.

ARTICLE IV

This corporation is authorized to issue 100 shares of stock.

ARTICLE V

The name and street address of the registered agent is Thomas B. Anderson, M.D., Ph.D., 4219 U.S. Highway 19, New Port Richey, Florida 34652.

ARTICLE VI

The name of the incorporator is Thomas B. Anderson, M.D., Ph.D., 4219 U.S. Highway 19, New Port Richey, Florida 34652.

I ACCEPT THE APPOINTMENT OF REGISTERED AGENT FOR SAID CORPORATION.

  
\_\_\_\_\_  
Thomas B. Anderson, M.D., Ph.D.,  
Incorporator /Registered Agent

2/5/03  
Date