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RECEIVED  
03 MAR 21 PM 2:30  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
03 MAR 21 PM 2:43  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



## TRANSMITTAL LETTER

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

**SUBJECT:** SOUTHEASTERN EMERGENCY PHYSICIAN SERVICES, 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:** JOEL QUINONES  
Name (Printed or typed)

3569 BARTRAN COURT  
Address

TALLAHASSEE, FL 32309  
City, State & Zip

850-893-5191  
Daytime Telephone number

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



**ARTICLES OF INCORPORATION**

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

**FILED**

03 MAR 21 PM 2:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

SOUTHEASTERN EMERGENCY PHYSICIAN SERVICES, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

3569 BARTRAN COURT  
TALLAHASSEE, FL 32309

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

MEDICAL SERVICES

**ARTICLE IV SHARES**

The number of shares of stock is:

500 SHARES AT \$1.00 PAR

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

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

JOEL QUINONES, PRESIDENT; MARIA A. QUINONES, SEC./TREAS.  
3569 BARTRAN COURT  
TALLAHASSEE, FL 32309

**ARTICLE VI REGISTERED AGENT**

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

JOEL QUINONES  
3569 BARTRAN COURT  
TALLAHASSEE, FL 32309

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

JOEL QUINONES  
3569 BARTRAN COURT  
TALLAHASSEE, FL 32309


\*\*\*\*\*

*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

3/21/03

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

3/21/03

\_\_\_\_\_  
Date