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| (Requestor's Name)                      |  |  |  |  |  |  |
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| (City/State/Zip/Phone #)                |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |  |
| Special instructions to Filing Officer: |  |  |  |  |  |  |
| D. WHITE APR 1 5 2003                   |  |  |  |  |  |  |

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SECRETARSEE FI ORIDA

### TRANSMITTAL LETTER

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

| SUBJECT: | TREASURE COAST PEDIATRICS, P.A. |  |  |
|----------|---------------------------------|--|--|
|----------|---------------------------------|--|--|

Enclosed is an original and one copy of the Articles of Incorporation, the Designation, and Acceptance of Registered Agent for a Florida Corporation.

Also enclosed is a check made payable to DEPARTMENT OF STATE for:

\$70.00 Filing Fee

\$78.75 Filing Fee & Certificate

\$122.50 Filing Fee & Certified Copy

\$131.25 Filing Fee, Certified Copy & Certificate

FROM:

DANIEL L. THORNTON, M.D.

777 37<sup>th</sup> Street, 106-C

Vero Beach, Florida 32960

(772) 567-1552



DECEIVED
03 APR 15 AM ID: 53

SECHERAL GE STATE TALLAHASSEE, FLORIDA

April 2, 2003

DANIEL L. THORNTON, M.D. 777 37 ST, 106-C VERO BEACH, FL 32960

SUBJECT: TREASURE COAST PEDIATRICS, P.A.

Ref. Number: W03000009408

We have received your document for TREASURE COAST PEDIATRICS, 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):

#### UNABLE TO REACH YOU DIRECTLY BY TELEPHONE.

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) 245-6933.

Dale White Document Specialist New Filings Section

\* Daniel L. Thornton MD.

More # 772 567/552

Letter Number: 303A00019978

# ARTICLES OF INCORPORATION PR 15 PM 3: 12 OF SECRETARY OF STATE FALLAHASSEE FLORIDA

# TREASURE COAST PEDIATRICS, P.A.

### ARTICLE I. CORPORATE NAME.

The name of this corporation is TREASURE COAST PEDIATRICS, P.A.

#### ARTICLE II. PRINCIPAL OFFICE.

The principal place of business of this corporation is:

777 37<sup>th</sup> Street, 106-C Vero Beach, Florida 32960

The mailing address of this corporation is:

777 37<sup>th</sup> Street, 106-C Vero Beach, Florida 32960

#### ARTICLE III. CAPITAL STOCK.

The number of shares of stock that this corporation is authorized to have outstanding at any one time is One Hundred (100) shares of common stock. Such shares shall be of a single class and shall have a par value of One (\$1.00) Dollar per share.

#### ARTICLE IV. INITIAL REGISTERED AGENT AND OFFICE.

The name and address of the initial registered agent is:

DANIEL L. THORNTON, M.D. 777 37<sup>th</sup> Street, 106-C Vero Beach, Florida 32960

# ARTICLE V. INCORPORATORS.

The name and street address of the incorporator of these Articles of Incorporation is:

Daniel L. Thornton, M.D. - 777 37th Street, 106-C, Vero Beach, FL 32960

# ARTICLE VI. DIRECTORS.

This corporation shall have one (1) director, initially. The number of directors may be increased or diminished from time to time as provided in the By-Laws.

The names and street address of the members of the first Board of Directors are:

Daniel L. Thornton, M.D. - 777 37th Street, 106-C, Vero Beach, FL 32960

The director shall hold office until the first annual meeting or until his successor is elected or appointed and qualified as provided in the By-Laws.

# ARTICLE VII. OPTIONAL PROVISIONS.

| Anticle VII | Pur pose      | F Medical               | Pract | tee of   | Pediatri   | EL 827.   | 4/10/  | 1<br>63 |
|-------------|---------------|-------------------------|-------|----------|------------|-----------|--------|---------|
| The day of  | e undersigned | has executed<br>, 2003. | these | articles | of incorpo | ration on | this _ | 24      |

DANIEL L. THORNTON, M.D.

# DESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of F.S. §607.0501, 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 PEDIATRICS, P.A.

2. The name of the registered agent is

DANIEL L. THORNTON, M.D.

3. The address of the registered agent/registered office is

777 37<sup>th</sup> Street, 106-C Vero Beach, Florida 32960

## ACCEPTANCE

Having been named as registered agent and designated to accept service of process for the above corporation, 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.

DATE: 3/24/03

DANIEL L. THORNTON, M.D.