

P0300048116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

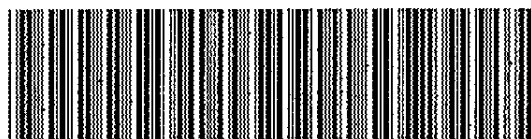
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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400016972554

04/28/03--01115--009 **78.75

Ms. Hancock GAVE
AUTHORIZATION BY PHONE TO
add Statement in letter
DATE *5-5-03*
DOC. EXAM

FILED
03 APR 28 AM 9:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

The Centre for Family Medicine and Wellness, Inc.
241 – 6th Avenue
Indianapolis, Florida 32903-3303
Voice – (321) 729-8088 Fax – (321) 729-8487

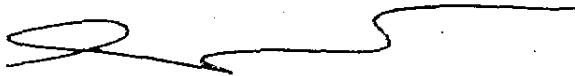
April 22, 2003

Florida Department of State
Division of Corporations
Corporate Filings
Post Office Box 6327
Tallahassee, Florida 32314-6327

To Whom It May Concern:

Enclosed are the *Transmittal Letter*, one original and one copy of the *Articles of Incorporation* for a new **profit** corporation, and our check in the amount of \$78.75. Please note that this new corporation bears the same name as our previous **nonprofit** corporation (Document Number N00000006176) that was dissolved; the filing was effective April 1, 2003. It is our understanding, from speaking with a representative of your office, that the name of the corporation is reserved for a period of time. Therefore, we respectfully request the usage of the same name for the new profit corporation as the previous nonprofit corporation. I have no intention of revoking the dissolution.

Your attention to this matter is greatly appreciated. Should you have any questions, or require further information, please do not hesitate to let us know.



Elizabeth Pepe Hancock, DO
Director

Enclosures

TRANSMITTAL LETTER

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

SUBJECT: The Centre for Family Medicine and Wellness, 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: Elizabeth Pepe Hancock, DO
Name (Printed or typed)

241 6th Avenue
Address

Indialantic, Florida 32903-3303
City, State & Zip

(321) 729-8088
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)

ARTICLE I NAME

The name of the corporation shall be:

The Centre for Family Medicine and Wellness, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

241 6th Avenue
Indialantic, Florida 32903-3303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Practice including, but not limited to, any other service(s) or enterprise that the Corporation may deem necessary.

ARTICLE IV SHARES

The number of shares of stock is:

Five Hundred (500) Shares — Common Stock

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Elizabeth Pepe Hancock — PTSD
Steven M. Hancock — VD
241 6th Avenue
Indialantic, Florida 32903-3303

ARTICLE VI REGISTERED AGENT

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

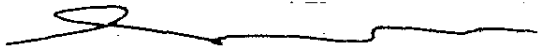
Elizabeth Pepe Hancock
241 6th Avenue
Indialantic, Florida 32903-3303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Elizabeth Pepe Hancock
241 6th Avenue
Indialantic, Florida 32903-3303

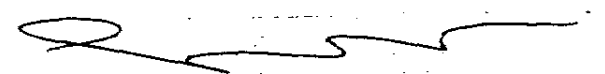
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

April 22, 2003

Date



Signature/Incorporator

April 22, 2003

Date

FILED
03 APR 28 AM 9:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA