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| (Requestor's Name) | | | | |
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| (Address) | | | | |
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| (Address) | | | | |
| | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| | | | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| Certificates of Status | | | | |
| | | | | |
| Special Instructions to Filing Officer: | | | | |
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TRANSMITTAL LETTER

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

| SUBJECT: Far | nily Medicine of Bay Hill, Inc | | |
|----------------------|------------------------------------|------------------------------|------------------|
| | (PROPOSED CORPORA) | TE NAME – <u>MUST INCL</u> I | JDE SUFFIX) |
| | | | |
| | | | |
| Enclosed are an orig | inal and one (1) copy of the arti- | cles of incorporation and | l a check for: |
| \$70.00 | \$78.75 | □ \$78.75 | \$87.50 |
| Filing Fee | Filing Fee | Filing Fee | Filing Fee, |
| rning rec | & Certificate of Status | & Certified Copy | Certified Copy |
| | & Certificate of Status | ac Certifical Copy | & Certificate of |
| | | | Status |
| | | ADDITIONAL CO | - |
| | | ADDITIONAL CO | 1 1 KEQUIKED |
| FROM: | Jeffrey S. Peele, MD | | |
| 7 | Name (Printed or typed) | | |
| | 3349 King George Drive | | |
| | | Address | |
| | Orlando, FL 32835 | | |
| - | City, State & Zip | | |
| | 407-876-6458 | | |
| • | Daytime T | elephone 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:

Family Medicine of Bay Hill, INC

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JALUNETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

7601 Della Drive Suite 19 Orlando, FL 32819

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide Family Medical care

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

ARTICLE VI REGISTERED AGENT

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

Jeffey S. Peele, MD 3349 King George Drive Orlando, FL 32835

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jeffrey S. Peele, MD 3349 King George Drive Orlando, FL 32835

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

Signature/Incorporator

5/23/03

Date

5/23/03

Date