

P03000089219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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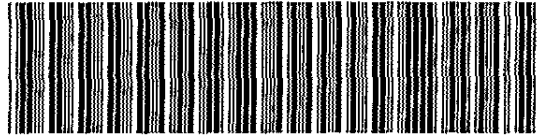
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: LMS Surgical Assistants, P.A.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

▲\$87.50
Filing Fee, Certified Copy
& Certificate of Status
ADDITIONAL COPY REQUIRED

FROM:
F. Jason McNew
Name (Printed or typed)

6201 Carolina Avenue
Address

Leesburg, FL. 34748
City, State & Zip

(352) 314-6930
Daytime Telephone number

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

LMS Surgical Assistants, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

**6201 Carolina Avenue
Leesburg, FL. 34748**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Florida certified Physicians Assistants will be working under the supervision of various Physicians and Surgeons in Lake, Marion, Sumter Counties functioning as a First Assistant in surgery.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Officers/Directors will be elected at the opening board of directors meeting.

ARTICLE VI REGISTERED AGENT

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

**F. Jason McNew
6201 Carolina Avenue
Leesburg, FL. 34748**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**F. Jason McNew
6201 Carolina Avenue
Leesburg, FL. 34748**

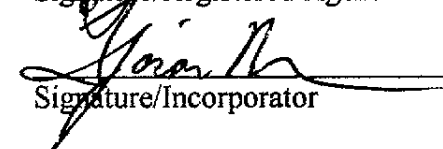
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

07/10/03

Date



Signature/Incorporator

07/10/03

Date