

P03000096807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

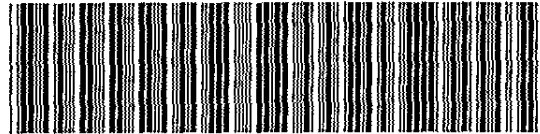
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Des **GAVE**
AUTHORIZATION BY PHONE TO
CORRECT articles
DATE 9/4/03
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

WB-24046

TRANSMITTAL LETTER

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

SUBJECT: _____

Premier Medical 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: _____

Name (Printed or typed)
LES GARDI, CPA
7061 S. TAMiami TRAIL
SARASOTA, FL 34231-5559
Address
(941) 925-2099

City, State & Zip

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 22, 2003

LES GARDI, CPA
7061 S. TAMiami TRAIL
SARASOTA, FL 34231-5559

SUBJECT: PREMIER MEDICAL INC.
Ref. Number: W03000024046

We have received your document for PREMIER MEDICAL INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P02000118000.

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) 245-6934.

Loria Poole
Document Specialist
New Filings Section

Letter Number: 503A00047737

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

Premier Medical Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7061 C S Tamiami Trail
Sarasota FL 34231

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Neurology Practice

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):

ARTICLE VI REGISTERED AGENT

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

**LES GARDI, CPA
7061 S. TAMIAM TRAIL
SARASOTA, FL. 34231-5559
(841) 925-2099**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael G. Yaffe
7061 C S. Tamiami Trail
Sarasota FL 34231

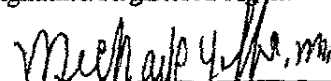
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

8/18/03

Date

X 

Signature/Incorporator

8/14/03

Date