

P03000116661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

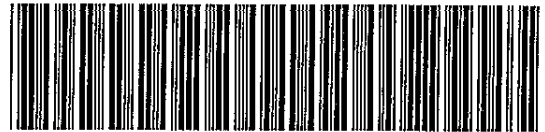
(Business Entity Name)

(Document Number)

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10-20

TRANSMITTAL LETTER

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

SUBJECT: James A. Zaccari, D.O., P.A.

(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: James A. Zaccari

Name (Printed or typed)

2419 Bucknell Drive

Address

Valrico, FL 33594

City, State & Zip

(813) 763-4446

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 1, 2003

JAMES A. ZACCARI
2419 BUCKNELL DR
VALRICO, FL 33594

SUBJECT: JAMES A. ZACCARI, D.O., P.A.
Ref. Number: W03000028207

We have received your document for JAMES A. ZACCARI, D.O., 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):

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) 245-6884.

Shawn Logan
Document Specialist
New Filings Section

Letter Number: 603A00054020

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:

James A. Zaccari, D.O., P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2419 Bucknell Drive
Valrico, FL 33594

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and All Lawful Business *Related to Medical Practice* (C)

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

James A. Zaccari
2419 Bucknell Drive
Valrico, FL 33594
P,S,T,D

ARTICLE VI REGISTERED AGENT

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

James A. Zaccari
2419 Bucknell Drive
Brandon, FL 33594

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

James A. Zaccari
2419 Bucknell Drive
Valrico, FL 33594

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

9/22/2003

Date



Signature/Incorporator

9/22/2003

Date

03 OCT 20 11 46:05

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