

P03000140633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

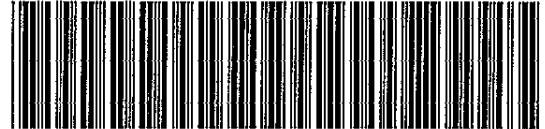
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200024721482

11/19/03--01028--015 **78.75

FILED

03 NOV 19 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: MURDOCH FAMILY PHYSICIANS, 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:

ROBERT MURDOCH AP

Name (Printed or typed)

4632 VINCENTNES BLVD., SUITE 104

Address

CAPE CORAL FL 33904

City, State & Zip

(239) 540-1220

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)

03 NOV 19 PM 2:48
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

MURDOCH FAMILY PHYSICIANS, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4632 VINCENNES BLVD, SUITE 104, CAPE CORAL FLORIDA 33901

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE MEDICAL ADVICE, PRODUCTS AND SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

~100~

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ROBERT MURDOCH, A.P., 4632 VINCENNES BLVD, SUITE 104, CAPE CORAL, FLORIDA 33904, USA. PRESIDENT

NONEEN MURDOCH, A.P., 4632 VINCENNES BLVD, SUITE 104, CAPE CORAL, FLORIDA, 33904, USA. VICE-PRESIDENT

ARTICLE VI REGISTERED AGENT

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

ROBERT MURDOCH, A.P., 4632 VINCENNES BLVD, SUITE 104, CAPE CORAL, FLORIDA 33904, USA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ROBERT MURDOCH A.P., 4632 VINCENNES BLVD, SUITE 104, CAPE CORAL FLORIDA 33904, USA

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

Date

11/15/2003

Signature/Incorporator

Date

11/15/2003