

P04000055944

(Requestor's Name)

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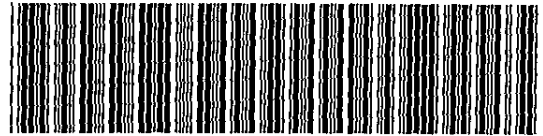
(Business Entity Name)

(Document Number)

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04 MAR 25 PM 08
SECURITY STATE
MILWAUKEE, WI

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TRANSMITTAL LETTER

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

SUBJECT: _____

Your Place Health Systems, 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: _____

Sydel LeGrande, M.D.
Name (Printed or typed)

510 W. Ross Ave.
Address

Tampa, FL 33602-1922
City, State & Zip

813-227-1188
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)

ARTICLE I NAME

The name of the corporation shall be **Your Place Health Systems, Inc.**

ARTICLE II PRINCIPLE OFFICE

The principle place of business/mailling address is 510 W Ross Av. Tampa, Florida 33602-1922.

ARTICLE III PURPOSE

The purpose for which this corporation is organized is to provide non emergency medical care in but not exclusively, the Hillsborough County area. It is the intent of this corporation to provide medical care to patients in their homes, offices, or hotels. This corporation will also provide complete primary care to patients in urgent care facilities located in different locations around the city and state.

Over utilization of emergency rooms has been a long ongoing problem in our hospitals. It is the purpose of this corporation to provide urgent medical care to patients who would otherwise go to an emergency room, for a non-emergency condition. We will provide medical care as accessible and as convenient as possible to the patient, eliminating the need to find an emergency room.

ARTICLE IV SHARES

The number of shares of stock this corporation is authorized to have is 100.

ARTICLE V INITIAL OFFICERS

President: Sydel LeGrande, M.D.
510 W Ross Av
Tampa, Fl. 33602-1922

Vice-President: George LeGrande
510 W Ross Av
Tampa, Fl. 33602-1922

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Cheryl Webb
4427 W Oklahoma Av
Tampa, Florida 33616

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: Sydel LeGrande, M.D.
510 W. Ross Av.
Tampa, Fl. 33602-1922

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.

Cheryl A. Webb

Signature/Registered Agent

3/22/04

Date

Sydel LeGrande, MD

Signature/Incorporator

3/22/04

Date

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TALLAHASSEE, FLORIDA