

PO40000 57843

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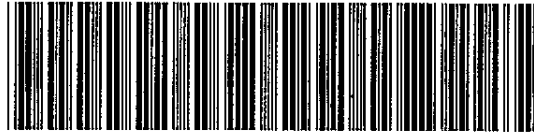
(Business Entity Name)

(Document Number)

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03/19/04--01031--008 **78.75

FILED
MAR 19 2004
TALLAHASSEE, FLORIDA

TH 4/6/04

TRANSMITTAL LETTER

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

SUBJECT: CENTRAL FLORIDA PHYSICIAN ASSISTANTS, 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 **ADDITIONAL COPY REQUIRED**

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

FROM: Dan R. Mosley
Mosley Law Firm, P.A.
Name (Printed or typed)
295 E. Highway 50, Suite 5
Address
Clermont, FL 34711
City, State & Zip
(352) 243-1153
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 22, 2004

DAN MOSLEY
MOSLEY LAW FIRM, P.A.
295 E HWY 50, STE 5
CLERMONT, FL 34711

SUBJECT: CENTRAL FLORIDA PHYSICIAN ASSISTANTS P.A.
Ref. Number: W04000011413

We have received your document for CENTRAL FLORIDA PHYSICIAN ASSISTANTS 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) 245-6855.

Tammy Hampton
Document Examiner
New Filings Section

Letter Number: 904A00018711

RECEIVED
04 APR -5 PM 12:10
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

FILED

ARTICLE I NAME

The name of the corporation shall be: Central Florida Physician Assistants P.A.

04 APR -5 AM 8:55

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 270 Hawthorne Grove, Apt. 102
Orlando, FL 32835

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to assist physicians in surgical & all other medical procedures

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), addressees) and title(s):

President - Bryan Carter - 270 Hawthorne Grove, Apt. 102
Orlando, FL 32835

ARTICLE VI REGISTERED AGENT

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

Bryan Carter
270 Hawthorne Grove, Apt. 102
Orlando, FL 32835

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dan R. Mosley
Mosley Law Firm, P.A.
295 E. Highway 50, Suite 5
Clermont, FL 34711

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

Bryan Carter

Signature/Registered Agent Bryan Carter

March 10 2004

Date

D R Mosley

Signature/Incorporator Dan R. Mosley

3/10/04

Date