

P04000077887

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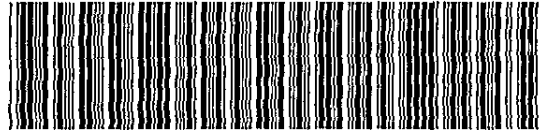
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DIVISION OF CORPORATIONS
04 MAY 13 AM 10:52

TRANSMITTAL LETTER

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

SUBJECT: New England Physicians 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: Dr Joseph Anthony Murat

Name (Printed or typed)

5600 Bentgrass Drive unit 105

Address

Sarasota, Florida 34235

City, State & Zip

941-371-4471

Daytime Telephone number

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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:

New England Physicians Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5600 Bentgrass Drive unit 105
Sarasota, Florida 34235

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to provide internal Medicine services.

ARTICLE IV SHARES

The number of shares of stock is:

500 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Dr Joseph Anthony Murat
5600 Bentgrass Drive unit 105
Sarasota, Florida 34235

ARTICLE VI REGISTERED AGENT

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

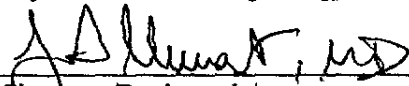
Dr Joseph Anthony Murat
5600 Bentgrass Drive unit 105
Sarasota, Florida 34235

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

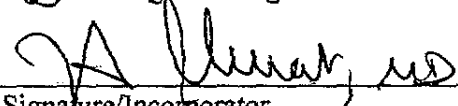
Dr Joseph Anthony Murat
5600 Bentgrass Drive unit 105
Sarasota, Florida 34235

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

May / 03 / 2004

Date


Signature/Incorporator

May/ 03 / 2004

Date

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