

P04000103835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP.

☒ WAIT

☐ MAIL

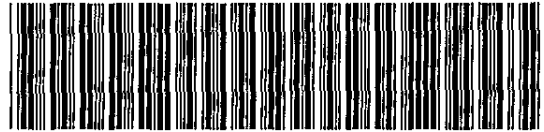
(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status \_\_\_\_\_

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07-13-04 10:00 AM

07-13-04 10:00 AM

DIVISION OF REGISTRATION

04 JUL 13 PM 3:41

04 JUL 13 PM 3:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07-13-04

TRANSMITTAL LETTER

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

SUBJECT: INPATIENT HOSPITAL Neurology, PA  
(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: EVAN ALLEN, MD  
Name (Printed or typed)

6345 EARTH GOLD DRIVE  
Address

WINDE MERE, FL 34786  
City, State & Zip

407 654-4837  
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:

INPATIENT HOSPITAL NEUROLOGISTS PA

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6345 EARTHGOLD DRIVE  
WINDEMERE, FL 34786

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL PRACTICE

## 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):

EVAN ALLEN  
6345 EARTHGOLD DRIVE  
WINDEMERE, FL 34786

## ARTICLE VI REGISTERED AGENT

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

EVAN ALLEN  
6345 EARTHGOLD DRIVE  
WINDEMERE, FL 34786

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

EVAN ALLEN  
6345 EARTHGOLD DRIVE  
WINDEMERE, FL 34786

\*\*\*\*\*  
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

Signature/Incorporator

Date

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
04 JUL 13 PM 3:48