

P04000122264

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(Address)

(Address)

(City/State/Zip/Phone #)

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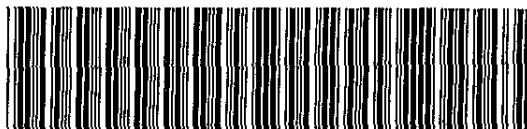
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: RAIMAH Family Practice 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: MARIE RAIME  
Name (Printed or typed)  
PO Box 3412  
Address  
LAKE CITY FL 32056-3412  
City, State & Zip  
386-719-9204  
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)

**FILED**

**ARTICLE I NAME**

The name of the corporation shall be:

RAIMAH Family Practice, INC.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

PO Box 3412  
LAKE City FL 32056-3412

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To Establish A Family medicine Practice

**ARTICLE IV SHARES**

The number of shares of stock is:

100 Shares @ 100 Per Share

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Pres - V. Pres. Seety - Tres. - MARIE RAIME

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

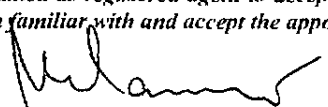
MARIE RAIME  
1025 SW MC FARLANE Ave - LAKE City FL  
32025

**ARTICLE VII INCORPORATOR**

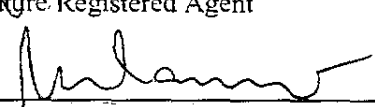
The name and address of the Incorporator is:

MARIE RAIME  
1025 SW MC FARLANE Ave - LAKE City FL  
32025

\*\*\*\*\*  
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

8-17-04  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature Incorporator

\_\_\_\_\_  
Date