

PO4000141983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

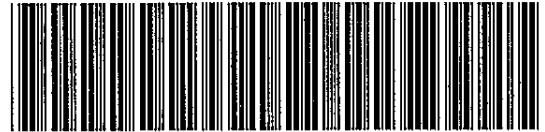
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400041760344

10/14/04--01008--008 **70.00

FILED
OCT 14 2004
TALLAHASSEE, FLORIDA

TERRANCE R. KETCHEL, P.A.
ATTORNEYS AND COUNSELORS AT LAW
126 NE EGLIN PARKWAY
FORT WALTON BEACH, FLORIDA 32548

TERRANCE R. KETCHEL

(850) 664-2705
FAX (850) 664-7933
trkpa2@aol.com

October 8, 2004

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32301

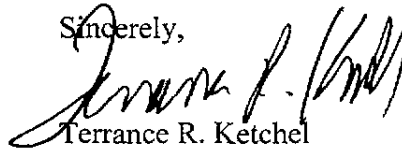
Re: Roland Reeves, M.D., FACS, P.A.

Dear Sir/Madam:

Enclosed please find an original and two copies of the Articles of Incorporation of Roland Reeves, M.D., FACS, P.A., together with a check in the amount of \$70.00 representing the filing fee.

Please return the copies of the filed Articles of Incorporation to the address noted above. Thank you for your assistance and should you have any questions concerning this matter, please do not hesitate to contact me.

Sincerely,



Terrance R. Ketchel

FILED
OCT 14 AM 10:24
DIVISION OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
FOR
ROLAND REEVES, M.D. FACS, P.A.

The undersigned, all of whom are duly licensed to practice medical related services in the State of Florida, desiring to form a professional corporation in accordance with Chapter 621 of the Florida Statutes, adopt the following Articles of Incorporation:

Article I.

Corporate Name

The name of this corporation is ROLAND REEVES, M.D., FACS, P.A.

Article II.

Purpose

The purpose for which the corporation is organized is to practice the profession of medical related services.

Article III.

Term of Existence

This Corporation shall have perpetual existence commencing on the date of filing with the Secretary of State of Florida.

Article IV.

Capital Stock

The maximum number of shares of stock that this Corporation is authorized to issue and have outstanding at any one time is One Thousand shares of common stock having no par value.

Article V.

Registered Agent and Initial Registered and Principal Office

The Registered Agent and the street address of the initial Registered and Principal Office of

FILED
660 116 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

this Corporation in the State of Florida shall be: Althea Reeves, 917 Mar Walt Drive, Ft. Walton Beach, FL 32547.

The Board of Directors from time to time may move the Registered Office to any other address in the State of Florida.

Article VII.

Board of Directors

This Corporation shall have two (2) directors initially. The number of directors may be increased or diminished from time to time by By-laws adopted by the stockholders, but shall never be less than one.

Article VIII.

Initial Directors

The name of the initial directors of this Corporation and their street address is:

Roland Reeves, M.D.	Althea Reeves
917 Mar Walt Drive	917 Mar Walt Drive
Ft. Walton Beach, FL 32547	Ft. Walton Beach, FL 32547

The persons named as initial directors shall hold office for the first year of existence of this Corporation or until their successors are elected or appointed and have qualified, whichever occurs first.

Article IX.

Incorporator

The name and street address of the person signing these Articles of Incorporation as the Incorporator is: Roland Reeves, M.D., 917 Mar Walt Drive, Ft. Walton Beach, FL 32547.

Article X.

Amendment

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders and approved at a stockholder's meeting by at least a majority of the stock entitled to vote, unless all of the directors and all of the stockholders sign a written statement manifesting their intention that a certain amendment of these Articles of Incorporation be made.

IN WITNESS WHEREOF, the undersigned, as Incorporator and Registered Agent, has executed the foregoing Articles of Incorporation on the 7 day of October, 2004.


ROLAND REEVES, M.D.

STATE OF FLORIDA
COUNTY OF OKALOOSA

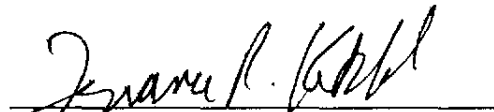
I HEREBY CERTIFY that on this 7th day of October, 2004 before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared Roland Reeves, M.D., who is personally known to me or who has produced the identification identified below, who is the person described in and who executed the foregoing instrument, and who after being duly sworn says that the execution hereof is his free act and deed for the uses and purposes herein mentioned.

SWORN TO AND SUBSCRIBED before me on the day and year last aforesaid.


☒ To me personally known

Identified by Driver's License Number _____ issued by the
State of _____

TERRANCE R. KETCHEL
Notary Public, State of Florida
My comm. exp. Sept. 20, 2006
Comm. No. DD 151911


Notary Public
Typed Name: _____
My Commission Expires: _____
Commission No.: _____

I, Roland Reeves, M.D., am hereby familiar with and accept the duties and responsibilities as Registered Agent for Roland Reeves, M.D., FACS, P.A.



ROLAND REEVES, M.D.
Registered Agent

FILED
04 OCT 14 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA