

P04000153251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

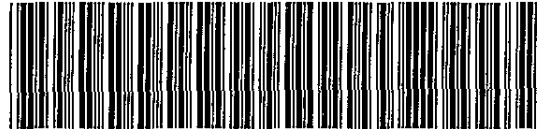
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

✓

Office Use Only



800040814958

09/08/04--01044--007 **78.75

FILED
04 NOV -9 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

js

11-5

1104-33649

TRANSMITTAL LETTER

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

SUBJECT: Premiere Radiology, 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

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Chaklene Alford-Mercier, DO
Name (Printed or typed)

5537 Manatee Point Drive
Address

New Port Richey, FL 34652
City, State & Zip

727-457-2321
Daytime Telephone number

FILED
04 NOV -9 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Charlene Alford, D.O., P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*5537 Manatee Point Drive
New Port Richey, FL 34652*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Diagnostic Radiology

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*Charlene Alford, D.O., P.A. - CEO/Treasurer/Secretary
5537 Manatee Point Drive
New Port Richey, FL 34652*

ARTICLE VI REGISTERED AGENT

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

*Charlene Alford, D.O., P.A.
5537 Manatee Point Drive
New Port Richey, FL 34652*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Charlene Alford, D.O., P.A.
5537 Manatee Point Drive
New Port Richey, FL 34652*

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]

Signature/Registered Agent

9/2/04

Date

[Signature]

Signature/Incorporator

9/2/04

Date

04 NOV -9 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED