

P04000170461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

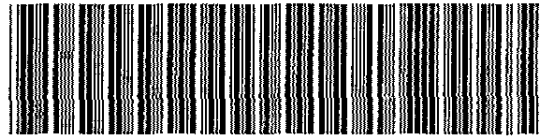
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12-21-04
B

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

East Pasco Primary Care, Inc.

Signature _____

Requested by: *WC*

12/20
Date

11:00
Time

Name

Walk-In _____

Will Pick Up _____

☒ Art of Inc. File _____

____ LTD Partnership File _____

____ Foreign Corp. File _____

____ L.C. File _____

____ Fictitious Name File _____

____ Trade/Service Mark _____

____ Merger File _____

____ Art. of Amend. File _____

____ RA Resignation _____

____ Dissolution / Withdrawal _____

____ Annual Report / Reinstatement _____

____ Cert. Copy _____

☒ Photo Copy _____

____ Certificate of Good Standing _____

____ Certificate of Status _____

____ Certificate of Fictitious Name _____

____ Corp Record Search _____

____ Officer Search _____

____ Fictitious Search _____

____ Fictitious Owner Search _____

____ Vehicle Search _____

____ Driving Record _____

____ UCC 1 or 3 File _____

____ UCC 11 Search _____

____ UCC 11 Retrieval _____

____ Courier _____

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:
EAST PASCO PRIMARY CARE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
PO BOX 2147
DADE CITY, FL 33526-2147

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
FOR PROVIDING CARE AND TO ENGAGE IN ANY LAWFUL TRANSACTIONS IN THE
STATE OF FLORIDA AND THE UNITED STATES.

ARTICLE IV SHARES

The number of shares of stock is:
1,000 (One Thousand)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
TRACY MCKAY PO BOX 2147 DADE CITY, FL 33526-2147 D/P

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:
TIMOTHY NEWLON 12146 CURLEY STREET SAN ANTONIO, FL 33576


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
TRACY MCKAY PO BOX 2147 DADE CITY, FL 33526-2147

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

12-1-04
Date


Signature/Incorporator

12-14-04
Date

FILED
04 DEC 20 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA