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U.S. DEPARTMENT OF THE TREASURY

RECEIVED FOR SERVICE
UNITED STATES OF AMERICA

2009 DEC 29 P 2: 58

FILED

12-29-09
12-29-09

December 29, 2004

Department of State, Florida
409 East Gaines Street
Tallahassee FL 32399

*2 Files
one check*

Re: Order #: 6270310 SO
Customer Reference 1:
Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

~~Peace River HMA Nursing Center, Inc. (FL)
Assumed Name - Filing - Peace River Nursing and Rehabilitation Center
Florida~~

~~Serving HMA Physician Management, Inc. (FL)
Incorporation
Florida~~

Lehigh HMA Physician Management, Inc (FL)
Incorporation
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

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:

Lehigh HMA Physician Management, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5811 Pelican Bay Boulevard, Suite 500
Naples, FL 34108

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any and all lawful business for which corporations may be incorporated.

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Timothy R. Parry, Senior V.P., Secretary and Director, 5811 Pelican Bay Boulevard, Suite 500, Naples, FL 34108
James A. Barber, President, CEO and Director, 5811 Pelican Bay Boulevard, Suite 500, Naples, FL 34108
J. Randall Moglia, Treasurer, 5811 Pelican Bay Boulevard, Suite 500, Naples, FL 34108
Joshua S. Putter, Vice President and Director, 809 East Marion Avenue, Punta Gorda, FL 33950

ARTICLE VI REGISTERED AGENT

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

C T Corporation System, 1200 South Pine Island Road, Plantation, Florida 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Timothy R. Parry
5811 Pelican Bay Boulevard, Suite 500
Naples, FL 34108

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:

PETER F. SOUZA
ASSISTANT SECRETARY

Signature/Registered Agent

12/28/04

Date

Signature/Incorporator

12-16-04

Date

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2004 DEC 29 P 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA