

PO5000003779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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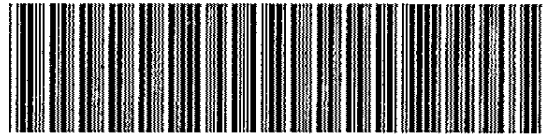
(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

VP
1/3/05

TRANSMITTAL LETTER

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

SUBJECT: HEALTH PARTNERS OF AMERICA CORPORATION
(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: KEN UNDERWOOD
Name (Printed or typed)
1117 PONTE VEDRA BLVD.
Address
PONTE VEDRA BEACH, FL 32082
City, State & Zip
(904) 234-1600
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

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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:

HEALTH PARTNERS OF AMERICA CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1117 PONTE VEDRA BLVD.
PONTE VEDRA BEACH, FL 32082

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LEGAL BUSINESS ACTIVITIES.

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):

KEN UNDERWOOD, PRESIDENT
1117 PONTE VEDRA BLVD.
PONTE VEDRA BEACH, FL 32082

ARTICLE VI REGISTERED AGENT

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

KEN UNDERWOOD
1117 PONTE VEDRA BLVD.
PONTE VEDRA BEACH, FL 32082

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

KEN UNDERWOOD
1117 PONTE VEDRA BLVD.
PONTE VEDRA BEACH, FL 32082

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

12/29/04

Date



Signature/Incorporator

12/29/04

Date

FILED
05 JAN -3 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA