

P05000020177

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2005 FEB -8 'A 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: BAY FAMILY MEDICINE, PA

(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: DR. STEPHEN H. ARMISTEAD

Name (Printed or typed)

P.O. BOX 97

Address

LYNN HAVEN, FL 32444

City, State & Zip

865-640-6548

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

January 7, 2005

DR. STEPHEN H. ARMISTEAD
P.O. BOX 97
LYNN HAVEN, FL 32444

SUBJECT: BAY FAMILY MEDICINE, PA
Ref. Number: W05000001118

We have received your document for BAY FAMILY MEDICINE, PA. However, the document has not been filed and is being returned for the following:

The specific nature of business of the professional association must be stated in the document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole
Document Specialist
New Filings Section

Letter Number: 705A00001429

RECEIVED

05 FEB -7 PM 3:03

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:

BAY FAMILY MEDICINE, PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2420 JENKS AVE., SUITE 5 PANAMA CITY, FL 32405
P.O. BOX 97 LYNN HAVEN, FL 32444

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO CONDUCT ANY & ALL LAWFUL BUISINESS

Family Medicine Medical practice clinic.

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

DR. STEPHEN H. ARMISTEAD, PRESIDENT P.O. BOX 97 LYNN HAVEN, FL 32444
CHRISTY L. ARMISTEAD, SECRETARY P.O. BOX 97 LYNN HAVEN, FL 32444

ARTICLE VI REGISTERED AGENT

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

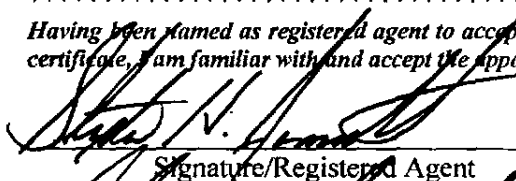
DR. STEPHEN H. ARMISTEAD
2420 JENKS AVE., SUITE 5
PANAMA CITY, FL 32405

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DR. STEPHEN H. ARMISTEAD
P.O. BOX 97
LYNN HAVEN, FL 32444

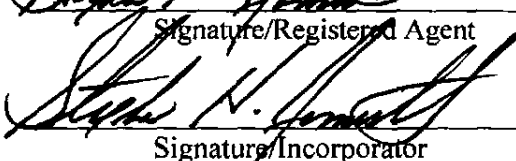
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

01/04/2005

Date



Signature/Incorporator

01/04/2005

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA