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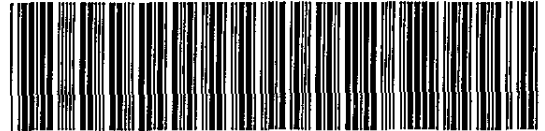
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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2005 MAY 16 A 8:44

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## TRANSMITTAL LETTER

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

SUBJECT: PALM BEACH FAMILY PRACTICE INC.  
(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: KATHLEEN S. RATHBUN D.O.  
Name (Printed or typed)  
4971 Le ChaleT Blvd Ste 300  
Address  
Boynton Beach, FL 33436  
City, State & Zip  
561-733-7354  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

April 25, 2005

RECEIVED

05 MAY 16 AM 9:20

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

KATHLEEN S. RATHBUN D.O.  
4971 LE CHALET BLVD STE 300  
BOYNTON BCH, FL 33436

SUBJECT: PALM BEACH FAMILY PRACTICE INC.  
Ref. Number: W05000020823

We have received your document for PALM BEACH FAMILY PRACTICE INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

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) 245-6933.

Dale White  
Document Specialist  
New Filings Section

Letter Number: 005A00028236

## Articles of Incorporation

In compliance with chapter 607 and /or chapter 621, F.S. (profit)

### Article I Name

**Palm Beach Family Medical Associates Inc.**

### Article II Principal Office

The principal place of business/ mailing address is:

600 Fleming Ave

Greenacres, Fl 33463

### Article III Purpose

The purpose for which the corporation is organized is:

Provide medical care to patients needing professional services

### Article IV Shares

The number of shares of stock is:

100 shares @ no par value

### Article V Initial officers and/or directors

Kathleen S. Rathbun, D.O. President

788 Whippoorwill Way

West Palm Beach, FL 33411

Kristina M. Rathbun, Secretary

788 Whippoorwill Way

West Palm Beach, Fl 33411

### Article VI Registered Agent

Kathleen S. Rathbun, D.O.

788 Whippoorwill Way

West Palm Beach, Fl 33411

### Article VII Incorporator

Kathleen S. Rathbun, D.O.

788 Whippoorwill Way

West Palm Beach, FL 33411

*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



Signature / Incorporator

**FILED**

2005 MAY 16 A 8:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5-11-05

Date

5-11-05

Date