

P05000106272

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

Kim Thompson **CAVE**
AUTHORIZATION BY PHONE TO
CORRECT RA to Ronald Thompson
DATE *8/1/05*
DOC. EXAM *Bruce W. Hutchens*

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TALLAHASSEE, FLORIDA
STATE

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W05-27317

TRANSMITTAL LETTER

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

SUBJECT: Ronald H. Thompson M.D., P.A.
(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: Ronald H. Thompson M.D., P.A.
Name (Printed or typed)

Belle Terre East, 2929 University Dr.
Address

Coral Springs, FL 33065
City, State & Zip

561-714-5247
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 2, 2005

RONALD H. THOMPSON M.D., P.A.
2929 UNIVERSITY DR
BELLE TERRE EAST
CORAL SPRINGS, FL 33065

SUBJECT: RONALD H. THOMPSON M.D., P.A.
Ref. Number: W05000027317

We have received your document for RONALD H. THOMPSON M.D., P.A. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete Article(s) I - VII.

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) 245-6840.

Bruce W Kitchens
Document Specialist
New Filings Section

Letter Number: 505A00039111



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 16, 2005

RONALD H. THOMPSON M.D., P.A.
2929 UNIVERSITY DR
BELLE TERRE EAST
CORAL SPRINGS, FL 33065

SUBJECT: RONALD H. THOMPSON M.D., P.A.
Ref. Number: W05000027317

We have received your document for RONALD H. THOMPSON M.D., P.A. 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 document must state the number of shares of authorized stock.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

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) 245-6840.

Bruce W Kitchens
Document Specialist
New Filings Section

Letter Number: 505A00039111

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: Ronald H. Thompson M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: Belle Terre East
2929 University Dr.
Suite #104
Coral Springs, FL 33065

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
to provide medical services

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Ronald Thompson
2929 University Dr
Suite 104
Coral Springs, FL 33065

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: Ronald H. Thompson M.D.
Belle Terre East
2929 University Dr.
Suite 104
Coral Springs, FL 33065

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

RHT M.D.
Signature/Registered Agent

6-9-05
Date

RHT M.D.
Signature/Incorporator

5-5-05
Date