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TRANSMITTAL LETTER

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

SUBJECT: Women's Center of The Villages, 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 REQUESTED

FROM: Colleen R. McQuade, M.D.

Name (Printed or typed)

632 Hartford Lane, The Villages, FL 32162

Address

(352) 259-5468

Daytime Telephone Number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be: Women's Center of The Villages, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

632 Hartford Lane, The Villages, FL 32162

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Physician.

ARTICLE IV SHARES

The number of shares of stock is: 100,000.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Anthony Brown

632 Hartford Lane, The Villages, FL 32162

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Colleen R. McQuade, M.D.

632 Hartford Lane, The Villages, FL 32162

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

Anthony Brown

Signature/Registered Agent

7-30-05

Date

Colleen R. McQuade, M.D.

Signature/Incorporator

7-30-05

Date