

POS000110141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

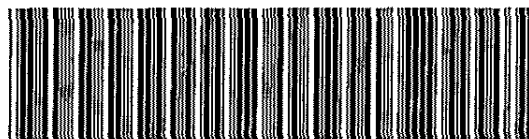
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

8-9-05  
W

## TRANSMITTAL LETTER

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

SUBJECT: Kristic Rivers, MD, 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: Kristic Rivers  
Name (Printed or typed)

21427 Pagosa Court  
Address

Boca Raton, FL 33486  
City, State & Zip

(561) 367-0604  
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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

Kristie Rivers, MD, PA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

21427 Pagosa Court  
Boca Raton, FL 33486

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*The Practice of Medicine*

**ARTICLE IV SHARES**

The number of shares of stock is:

*1 share*

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

President - Kristie Rivers  
Vice President - Kristie Rivers  
Secretary - Kristie Rivers  
Treasurer - Kristie Rivers

**ARTICLE VI REGISTERED AGENT**

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

Kristie Rivers  
21427 Pagosa Court  
Boca Raton, FL 33486

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Kristie Rivers  
21427 Pagosa Court  
Boca Raton, FL 33486

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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

*Kristie Rivers*

Signature/Registered Agent

*8/1/05*

Date

*Kristie Rivers*

Signature/Incorporator

*8/1/05*

Date