H05000112515

(Requestor's Name)				
(Address)				
(Address)				
,				
(City/State/Zip/Phone #)				
(Oity/State/Etp/F11011e #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



300056973933

07/11/05--01044--001 **60.00

08/15/05--01006--001 **18.75

DIVISION OF SUB-SUB-SUBTION OF AUG 11 AM 8: 23

NO5-33881

TRANSMITTAL LETTER

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

SUBJECT: LAtter Number: 605 ADSO46207				
	(Proposed corpo	orate name - must include sur		
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	Filing Fee & Certified Copy Branch ADDITIONAL COR	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	Port St. Lycie, FL 34952			
City, State & Zip 722) 380, 9870				

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

Daytime Telephone number



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 15, 2005

GLYNNIS JAYNE LYONS, D.O. 1583 S.E. PRESTWICK LANE PORT ST. LUCIE, FL 34952

SUBJECT: GLYNNIS JAYNE LYONS, D.O., P.A.

Ref. Number: W05000033881

We have received your document for GLYNNIS JAYNE LYONS, D.O., P.A. and check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$18.75.

The corporate fees are as follows:

CORPORATIONS FILING FEES

Profit and NonProfit Florida & Foreign Corp.

Filing Fees	\$35.00
Registered Agent Designation	\$35.00
Certifed Copy	\$8.75
Certificate of Status	\$8.75

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) 245-6972.

Doris Brown Document Specialist New Filings Section Letter Number: 605A00046707

RECEIVED

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:

05 AUG 11 AM 8: 23

Glynnis Jayne Lyons, D.O., P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1583 S.E. Prestwick Lane Port St. Lucie, Florida 34952

ARTICLES III PURPOSE

The purpose for which the corporation is organized is:

Any enterprise including but not limited to providing any and all health care services.

ARTICLE IV SHARES

The number of shares of stock is:

10,000 shares @ .01 par

INITIAL OFFICERS/DIRECTORS (optional)

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

ARTICLE VI REGISTERED AGENT

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

Glynnis Jayne Lyons, D.O. 1583 S.E. Prestwick Lane Port St. Lucie, Florida 34952

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Glynnis Jayne Lyons, D.O. 1583 S.E. Prestwick Lane Port St. Lucie, Florida 34952

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