

P05000147505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

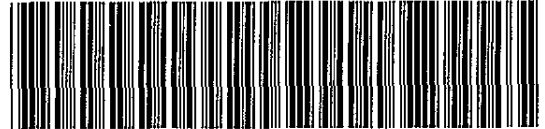
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500061087865

11/02/05--01027--021 \*\*87.50

FILED  
2005 NOV -2 AM 9:04  
TALLAHASSEE FLORIDA

11/4/05

**COVER LETTER**

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

**FILED**  
2005 NOV -2 AM 9:04  
DEPT OF STATE  
TALLAHASSEE FLORIDA

**SUBJECT: URIL GREENE 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: Uril Greene

Name (Printed or typed)

27, River Ridge Trail

Address

Ormond Beach, Florida 32174

City, State & Zip

386 871-8535

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)

### **ARTICLE I NAME**

The name of the corporation shall be:

URIL GREENE MD PA

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

27, RIVER RIDGE TRAIL, ORMOND BEACH, FLORIDA 32174

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

PRACTICE OF MEDICINE

### **ARTICLE IV SHARES**

The number of shares of stock is:

100,000

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

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

URIL GREENE MD, 27 RIVER RIDGE TRAIL, ORMOND BEACH, FLORIDA 32174, PRESIDENT

### **ARTICLE VI REGISTERED AGENT**

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

URIL GREENE MD, 27 RIVER RIDGE TRAIL, ORMOND BEACH, FLORIDA 32174

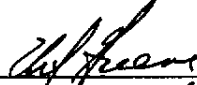
### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

URIL GREENE MD, 27 RIVER RIDGE TRAIL, ORMOND BEACH, FLORIDA 32174

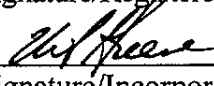
\*\*\*\*\*

*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

  
\_\_\_\_\_  
Date

10/27/05

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

10/29/05