# P05000/529998

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# **COVER LETTER**

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

SUBJECT: Walter Martin, M.D., P.A.		
(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	a check for:
<b>√</b> \$70.00	\$78.75	<b>587.50</b>
Filing Fee Filing Fee	Filing Fee	Filing Fee,
& Certificate of Status	& Certified Copy	Certified Copy
& Certificate of Status	& Certified Copy	& Certificate of
		Status
	ADDITIONAL CO	<del></del>
	ADDITIONAL CC	OF I REQUIRED
FROM: Walter Martin, MD		
Name	(Printed or typed)	
1480 73rd Circle N.E.		
A	Address	
St. Petersburg, FL 33702		
City,	State & Zip	
727-521-2941		
	alambanaban	
Daytime Telephone number		

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



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 8, 2005

WALTER MARTIN, MD 1480 73RD CIRCLE N.E. ST PETERSBURG, FL 33702

SUBJECT: WALTER MARTIN, MD, PA

Ref. Number: W05000050146

We have received your document for WALTER MARTIN, MD, PA and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above named entity is listed as an active entity with our office; therefore, the document(s) submitted is/are not required.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2006 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

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) 245-6933.

Dale White Document Specialist NEW FILINGS

Letter Number: 105A00066625

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## ARTICLES OF INCORPORATION

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

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SECRETARY OF STATE
TAIL A HASSEE, FI ORIDA

#### ARTICLE I NAME

The name of the corporation shall be:

W. R. MARTIN, M.D., P.A.

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1480 73 RD CIRCLE NE SAINT PETERSBURG, PLORINA 33 702

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL PRACTICE

# ARTICLE IV SHARES

The number of shares of stock is:

1000

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

WALTER E. MARTIN, M.D., PRESIDENT ARLYN B. MARTIN, TREASURER

## ARTICLE VI REGISTERED AGENT

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

KEUIN BURKART, CPA.
6528 CRNTRAL AVENUE, Ste, A
SAINT PETERSBURG, BL 33702

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

WALTER E. MARTIN, M.D.
1480 73 RD & CIRCLE NE
SAINT PETERSBURG, PL 33702

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

Signature/Registered Agent

Date

11/13/05

Signature/Incorporator

Date