

FD500 156756

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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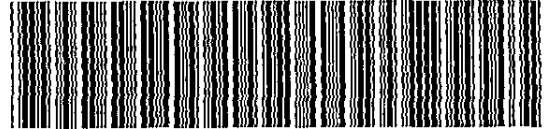
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

1/30

## COVER LETTER

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

SUBJECT: BAY AREA PULMONARY, 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 REQUIRED**

FROM: JOHN M. HARVEY, M. D.

Name (Printed or typed)

7862 SAILBOAT KEY BLVD. S. #401

Address

ST. PETERSBURG, FL 33707

City, State & Zip

(727) 822-6661

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:

BAY AREA PULMONARY, P. A.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1609 PASEDNA AVE. S. SUITE 2-J  
ST. PETERSBURG, FL 33707-4560

### 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:

10,000 TEN THOUSAND

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JOHN M. HARVEY, M. D.  
7862 SAILBOAT KEY BLVD. S. #401  
ST. PETERSBURG, FL 33707  
PRESIDENT

### ARTICLE VI REGISTERED AGENT

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

JOHN M. HARVEY, M. D.  
7862 SAILBOAT KEY BLVD. S. #401  
ST. PETERSBURG, FL 33707

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PROFESSIONAL MANAGEMENT TAMPA BAY INC.  
RICHARD A. WILLMAR  
9234 BONNINGTON DR.  
TRINITY, FL 34655

\*\*\*\*\*

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

John M. Harvey, MD  
Signature/Registered Agent

Richard A. Willmar  
Signature/Incorporator

11/21/05  
Date

11/21/05  
Date

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**ARTICLE VIII EFFECTIVE DATE**

The effective date of the corporation is:  
JANUARY 1, 2006

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA