

POS000160076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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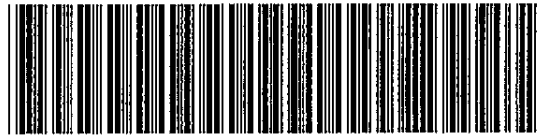
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05 DEC -5 11:3:04

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05 DEC -5 11:12:00

OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

B. McKnight DEC 07 2005

CT CORPORATION

December 6, 2005

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 6516303 SO
Customer Reference 1:
Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

St. Cloud HMA Physician Management, Inc. (FL)
Incorporation
Florida

St. Cloud HMA Physician Management, Inc. (FL)
Certificate of Status/Authorization-Domestic
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan
Manager Fulfill Ctr
Connie.Bryan@wolterskluwer.com

1203 Governors Square Blvd.
Tallahassee, FL 32301-2960
Tel. 850 222 1092
Fax 850 222 7515

COVER LETTER

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

SUBJECT: St. Cloud HMA Physician Management, Inc.

(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: Timothy R. Parry

Name (Printed or typed)

5811 Pelican Bay Boulevard, Suite 500

Address

Naples, Florida 34108

City, State & Zip

239-598-3131

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:

St. Cloud HMA Physician Management, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5811 Pelican Bay Boulevard, Suite 500
Naples, FL 34108

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any and all lawful business for which corporations may be incorporated

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

James A. Barber, President, CEO and Director, 5811 Pelican Bay Boulevard, Suite 500, Naples, FL 34108
J. Randall Moglia, Treasurer, 5811 Pelican Bay Boulevard, Suite 500, Naples, FL 34108
Timothy R. Parry, Sr. V.P. , Secretary and Director, 5811 Pelican Bay Boulevard, Suite 500, Naples, FL 34108

ARTICLE VI REGISTERED AGENT

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

C T Corporation System, 1200 South Pine Island Road, Plantation, Florida 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Timothy R. Parry
5811 Pelican Bay Boulevard, Suite 500, Naples, FL 34108

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

Barbara A. Burke

Signature/Registered Agent

BARBARA A. BURKE

SPECIAL ASSISTANT SECRETARY

12-505

Date

Timothy R. Parry Sr. Vice President

Signature/Incorporator

Timothy R. Parry

11-14-05

Date