

PD5000166145

(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



900062181449

12/22/05--01024--020 \*\*157.50

RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 DEC 22 PM 12:39

RECEIVED  
05 DEC 22 AM 11:54  
DIVISION OF CORPORATIONS  
SECRETARY OF STATE  
FLORIDA

**CT CORPORATION**

December 22, 2005

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

Re: Order #: 6530227 SO  
Customer Reference 1:  
Customer Reference 2:

Dear Department of State, Florida:

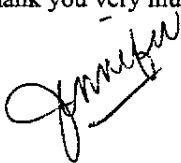
Please file the attached:

Port Charlotte HMA Physician Management, Inc. (FL)  
Incorporation  
Florida

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

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

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



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

## 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:

Port Charlotte 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, Senior VP, Secretary and Director, 5811 Pelican Bay Boulevard, Suite 500, Naples, FL 34108  
Joshua S. Putter, Vice President and Director, 809 East Marion Avenue, Punta Gorda, FL 33950

### 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*

Conie Bay C T Corporation System  
Signature/Registered Agent

Timothy R. Parry  
Signature/Incorporator  
Timothy R. Parry

Date

12-12-05

Date