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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Hampton MAR 06 2006

COVER LETTER

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

SUBJECT: _____

DARYL TURNER M.D., 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: _____

DARYL TURNER

Name (Printed or typed)

4108 SAN BELUGA WAY

Address

ROCKLEDGE FL 32955

City, State & Zip

321 218 0600

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

06 MAR -6 PM 2:58

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

February 21, 2006

DARYL TURNER
4108 SAN BELUGA WAY
ROCKLEDGE, FL 32955

SUBJECT: DARYL TURNER M.D., P.A.
Ref. Number: W06000008483

We have received your document for DARYL TURNER M.D., P.A. and your check(s) totaling \$201.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

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) 245-6855.

Tammy Hampton
Document Specialist
New Filing Section

Letter Number: 306A00012250

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:

DARYL TURNER M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4108 SAN BELUGA WAY
ROCKLEDGE, FL 32955

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR THE PURPOSE OF MEDICAL PRACTICE PROFESSIONAL CORPORATION

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

DARYL TURNER 4108 SAN BELUGA WAY ROCKLEDGE FL 32955
President

ARTICLE VI REGISTERED AGENT

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

DARYL TURNER 4108 SAN BELUGA WAY ROCKLEDGE FL 32955
President

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DARYL TURNER 4108 SAN BELUGA WAY
ROCKLEDGE, FL 32955

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

Signature/Incorporator

2/10/06

Date

2/10/06

Date

2006 MAR -6 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA