

PD 6000035012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

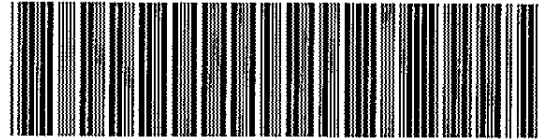
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02/27/06--01047--018 **78.75

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06 MAR -9 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
3/9

1006-9927

COVER LETTER

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

SUBJECT: Brevity Urgent Care, 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: Donald Hill, M.D.
Name (Printed or typed)

8690 Wesleyan Drive #213
Address

Fort Myers, FL 33919
City, State & Zip

239-225-4455
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 1, 2006

DONALD HILL, M.D.
8690 WESLEYAN DRIVE
#213
FORT MYERS, FL 33919

SUBJECT: BREVITY URGENT CARE, INC.
Ref. Number: W06000009927

We have received your document for BREVITY URGENT CARE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

The registered agent must sign accepting the designation.

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) 245-6879.

Ruby Dunlap
Regulatory Specialist
New Filing Section

Letter Number: 106A00014263

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:

Brevity Urgent Care, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8690 Wesleyan Dr. #213 Fort Myers, FL 33919

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Office

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):

Donald Hill, M.D. 8690 Wesleyan Dr. #213 Fort Myers, FL 33919 President, Secretary

ARTICLE VI REGISTERED AGENT

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

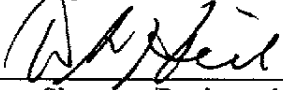
Donald Hill, M.D. 8690 Wesleyan Dr. #213 Fort Myers, FL 33919

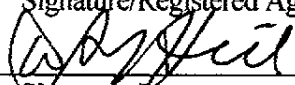
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Doanld Hill, M.D. 8690 Wesleyan Dr. #213 Fort Myers, FL 33919

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

3/6/06

Date
3/6/06

Date

FILED
06 MAR -9 PM 4: 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA