

P06000055797

(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

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4/19



800069147198

04/03/06--01008--009 **78.75

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06 APR 19 PM 3:13
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COVER LETTER

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

SUBJECT: KEMP MEDICAL CENTER, 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

*Payment previously made.
Number of shares not
completed on original form.*

FROM: A. Michael Kemp
Name (Printed or typed)

21 Suntree Place, Suite 101
Address

Melbourne, Florida 32940
City, State & Zip

(219) 730 2207
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 4, 2006

A. MICHAEL KEMP
21 SUNTREE PLACE, SUITE 101
MELBOURNE, FL 32940

SUBJECT: KEMP MEDICAL CENTER, P.A.
Ref. Number: W06000015993

We have received your document for KEMP MEDICAL CENTER, P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

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) 245-6933.

Dale White
Document Specialist
New Filing Section

Letter Number: 106A00022743

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:

Kemp Medical Center, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

21 Suntree Place , Suite #101
Melbourne, FL 32940

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Healthcare Services/ Physician Office

ARTICLE IV SHARES

The number of shares of stock is:

100 (Am)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

A. Michael Kemp, M.D.
21 Suntree Place, #101
Melbourne, FL 32940

ARTICLE VI REGISTERED AGENT

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

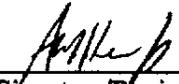
A. Michael Kemp, M.D.
21 Suntree Place #101
Melbourne, FL. 32940

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

A. Michael Kemp, M.D.
21 Suntree Place #101
Melbourne, FL 32940

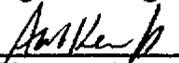
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

3/29/06

Date



Signature/Incorporator

3/29/06

Date

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TALLAHASSEE FLORIDA