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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 OCT -2 PM 3:17

UH

COVER LETTER

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

SUBJECT: L Douglas Kennedy MD PA

(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: L Douglas Kennedy MD

Name (Printed or typed)

PO Box 812350

Address

Boca Raton, FL 33481-2350

City, State & Zip

859-421-9111

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)

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ARTICLE I NAME

The name of the corporation shall be:

L Douglas Kennedy MD PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Business Address:
3594 South Ocean Blvd, # 804
Highland Beach, FL 33487

Mailing Address:
PO Box 812350
Boca Raton, FL 33481-2350

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The practice of medicine and to incorporate the Florida Medical License of Lowell Douglas Kennedy MD, Florida Medical License #: ME0075964

ARTICLE IV SHARES

The number of shares of stock is:

100 with the sole shareholder being Lowell Douglas Kennedy MD.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Lowell Douglas Kennedy MD, President & Director

ARTICLE VI REGISTERED AGENT

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

Lowell Douglas Kennedy MD
3594 South Ocean Blvd, # 804
Highland Beach, FL 33487

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lowell Douglas Kennedy MD
3594 South Ocean Blvd, #804
Highland Beach, FL 33487

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

Lowell Douglas Kennedy MD
Signature/Registered Agent

Lowell Douglas Kennedy MD
Signature/Incorporator

09/26/2006

Date

09/26/2006

Date