

PD6 000144105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

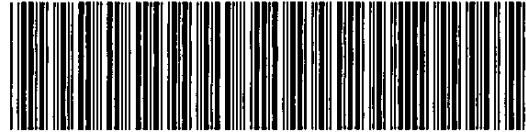
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE  
11/6/06

MRS  
11/1/06

## COVER LETTER

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

SUBJECT: WA REEVES, 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: William A. Reeves, MD

Name (Printed or typed)

5295 Karlsburg Place

Address

Palm Harbor, FL 34685

City, State & Zip

727-934-1071

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)

## ARTICLE I NAME

The name of the corporation shall be:

WA Reeves, MD PA

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5295 Karlsburg Place  
Palm Harbor, FL 34685

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Ophthalmology practice

## ARTICLE IV SHARES

The number of shares of stock is:

One

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

William A. Reeves, MD  
President  
5295 Karlsburg Place  
Palm Harbor, FL 34685

## ARTICLE VI REGISTERED AGENT

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

William A. Reeves, MD  
5295 Karlsburg Place  
Palm Harbor, FL 34685

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

William A. Reeves, MD  
5295 Karlsburg Place  
Palm Harbor, FL 34685

\*\*\*\*\*

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

William A. Reeves

Signature/Registered Agent

11/6/06

Date

William A. Reeves

Signature/Incorporator

11/6/06

Date

Request effective date  
of 11/6/06.

Thank you  
L. Reeves

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

11/6/06