

706000149534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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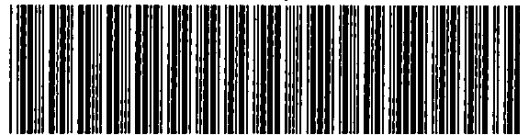
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. E. Myers DEC 05 2006

✓ 06-50314

COVER LETTER

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

SUBJECT: Orange Park Adult Medicine, 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: Genola C. Childs

Name (Printed or typed)

2107 Gamma Court

Address

Orange Park, FL 32073

City, State & Zip

(904) 269 4684

Daytime Telephone number

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TALLAHASSEE, FLORIDA

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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:

Orange Park Adult Medicine, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1209 Park Ave; Orange Park, FL 32073

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to provide healthcare to the community

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):

Genola Childs	Eddie R. Childs, Sr.
2107 Gamma Court	2107 Gamma Court
Orange Park, FL 32073	Orange Park, FL 32073
Chief Executive Officer	Executive Officer

ARTICLE VI REGISTERED AGENT

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

Genola Childs
2107 Gamma Court
Orange Park, FL 32073

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Genola Childs
2107 Gamma Court
Orange Park, FL 32073

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 DEC -4 AM 11:41

FILED

11/30/06
Date

11/30/06
Date