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06 DEC 19 PM 3:35  
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06 DEC 19 AM 11:54  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS SECRETARY OF STATE  
TALLAHASSEE, FLORIDA TALLAHASSEE, FLORIDA

MPD  
12/20



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06 DEC 19 AM 11:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

December 19, 2006

Department of State, Florida  
Clifton Building  
2611 Executive Center Circle  
Tallahassee FL 32301

Re: Order #: 6809043 SO  
Customer Reference 1: none given  
Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

Crystal River HMA Physician Management Inc. (FL)  
Incorporation  
Florida

Crystal River HMA Physician Management Inc. (FL)  
Certificate of Status/Authorization-Domestic  
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan  
Senior Fulfillment Specialist  
Connie.Bryan@wolterskluwer.com

## COVER LETTER

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

**SUBJECT:** Crystal River HMA Physician Management, 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:** Timothy R. Parry

Name (Printed or typed)

5811 Pelican Bay Boulevard, Suite 500

Address

Naples, Florida 34108

City, State & Zip

239-598-3131

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:

Crystal River HMA Physician Management, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

5811 Pelican Bay Boulevard, Suite 500  
Naples, FL 34108

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To engage in any and all lawful business for which corporations may be incorporated.

### **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):

James A. Barber, Director, President and CEO, 5811 Pelican Bay Boulevard, Suite 500, Naples, FL 34108  
Timothy R. Parry, Director, Vice President and Secretary, 5811 Pelican Bay Boulevard, Suite 500, Naples, FL 34108  
J. Randall Moglia, Treasurer, 5811 Pelican Bay Boulevard, Suite 500, Naples, FL 34108  
Stephen L. Midkiff, Director, Vice President, 13695 US Highway 1, Sebastian, FL 32958  
Gary S. Bryant, Assistant Treasurer, 5811 Pelican Bay Boulevard, Suite 500, Naples, FL 34108  
Kathleen K. Holloway, Assistant Secretary, 5811 Pelican Bay Boulevard, Suite 500, Naples, FL 34108

### **ARTICLE VI REGISTERED AGENT**

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

C T Corporation System, 1200 South Pine Island Road, Plantation, Florida 33324

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Timothy R. Parry, 5811 Pelican Bay Boulevard, Suite 500, Naples, FL 34108

\*\*\*\*\*  
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

C T Corporation System

Signature/Registered Agent

Peter F. Souza  
Assistant Secretary

12/18/06

Date

Timothy R. Parry  
Signature/Incorporator

12-8-06

Date