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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: First Coast Primary Care, 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: First Coast Primary Care, Inc. c/o Laurie Teppert

Name (Printed or typed)

1801 Barrs Street, Suite 615

Address

Jacksonville, FL 32204

City, State & Zip

904-308-4025

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:

First Coast Primary Care, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1801 Barrs Street, Suite 615
Jacksonville, FL 32204

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide primary care health care services.

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):

Scott Whalen, Ph. D. President, 1800 Barrs Street, Jacksonville, FL 32204

Michele Hilliard-Secretary and Treasurer, 1800 Barrs Street, Jacksonville, FL 32204

ARTICLE VI REGISTERED AGENT

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

Laurie Teppert
1801 Barrs Street, Suite 615
Jacksonville, FL 32204

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Laurie Teppert - 1801 Barrs Street, Suite 615, Jacksonville, FL 32204

ARTICLE VIII-The effective date of incorporation shall be February 11, 2007.

Effective Date

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

Laurie S. Teppert
Signature/Registered Agent

2/11/07
Date

Laurie S. Teppert
Signature/Incorporator

2/11/07
Date

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TALLAHASSEE, FLORIDA