

PO7 000027094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

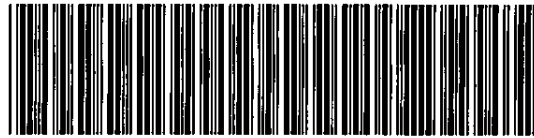
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TALLAHASSEE, FLORIDA

Do

## COVER LETTER

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

SUBJECT: Main Street Medical Center of Crestview, P.A.  
(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: Joshua K. Kolmetz  
Name (Printed or typed)

262 NW 241st ST  
Address

Newberry, FL 32669  
City, State & Zip

352-538-5823 / 850-398-6963  
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:

Main Street Medical Center of Crestview, P. A.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

369 N. Main Street, Crestview, FL 32536

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to practice medicine and provide healthcare.

## ARTICLE IV SHARES

The number of shares of stock is: 1,000 with a par value of \$1.00.

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Joshua K. Kolmetz, President  
262 NW 241st ST  
Newberry, FL 32669

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## ARTICLE VI REGISTERED AGENT

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

Joshua K. Kolmetz  
262 NW 241st ST  
Newberry, FL 32669

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Joshua K. Kolmetz  
262 NW 241st ST  
Newberry, FL 32669

\*\*\*\*\*

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

2/12/07  
Date

2/12/07  
Date