

PO7000073960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

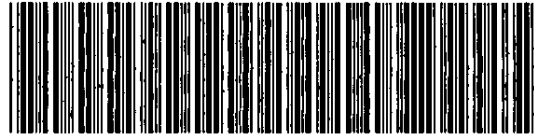
(Business Entity Name)

(Document Number)

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

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FILED  
07 JUN 26 AM 9:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

**SUBJECT:** PATIENTS FIRST MAHAN, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** PATIENTS FIRST MAHAN, INC.  
Name (Printed or typed)

3258 N MONROE STREET  
Address

TALLAHASSEE, FL. 32303  
City, State & Zip

850-562-2010  
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:  
PATIENTS FIRST MAHAN, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:  
3258 N MONROE STREET  
TALLAHASSEE, FL 32303

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
TO PROVIDE MANAGEMENT SERVICES TO THE PUBLIC.

**ARTICLE IV SHARES**

The number of shares of stock is:  
1000 SHARES

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

BRIAN S WEBB PRESIDENT  
2487 ELFINWING LANE  
TALLAHASSEE, FL 32308  
ROYCE R SPRING, II VICE PRESIDENT  
1875 CHARDONNAY PLACE  
TALLAHASSEE, FL 32317  
RANDY R REESE MD SCTY/TREAS  
4850 BRADFORDVILLE RD  
TALLAHASSEE, FL 32308

**ARTICLE VI REGISTERED AGENT**

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

BRIAN S WEBB  
2487 ELFINWING LANE  
TALLAHASSEE, FL 32308

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

BRIAN S WEBB  
2487 ELFINWING LANE  
TALLAHASSEE, FL 32308

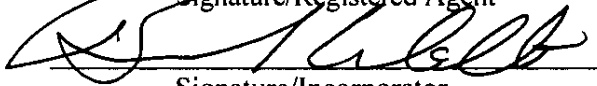
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

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TALLAHASSEE, FLORIDA

  
\_\_\_\_\_  
Signature/Registered Agent

6/20/07  
Date

  
\_\_\_\_\_  
Signature/Incorporator

6/22/07  
Date