

P070000873967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

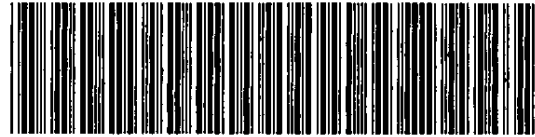
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Da

COVER LETTER

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

SUBJECT: PATIENTS FIRST MAHAN MEDICAL CENTER, 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: PATIENTS FIRST MAHAN MEDICAL CENTER, P.A.
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 MEDICAL CENTER, P.A.

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 MEDICAL 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):

RANDY R REESE MD PRESIDENT
3258 N MONROE STREET
TALLAHASSEE, FL 32303

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

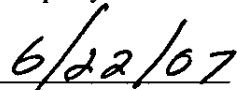
The **name and address** of the Incorporator is:

BRIAN S WEBB
2487 ELFINWING LANE
TALLAHASSEE, FL 32308

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



Date



Signature/Incorporator



Date

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TALLAHASSEE, FLORIDA