

P070000/01791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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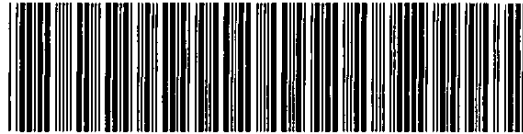
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9/13/07

## COVER LETTER

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

SUBJECT: Mark A. Roberts, M.D., 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: Mark A. Roberts, M.D.

Name (Printed or typed)

1240 81st Street South

Address

St Petersburg, FL 33707

City, State & Zip

727-631-6686

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:

Mark A. Roberts, M.D., P.A.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

1240 81st Street South, St. Petersburg, FL 33707

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Professional corporation providing medical services

### **ARTICLE IV SHARES**

The number of shares of stock is:

1,000.00

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

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

Mark A. Roberts, M.D. (Director) 1240 81st Street South, St Petersburg FL 33707

### **ARTICLE VI REGISTERED AGENT**

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

Mark A. Roberts, M.D. 1240 81st Street South, St Petersburg FL 33707

### **ARTICLE VII INCORPORATOR**

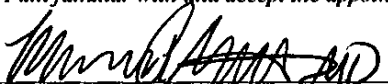
The name and address of the Incorporator is:

Mark A. Roberts, M.D. 1240 81st Street South, St Petersburg FL 33707

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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

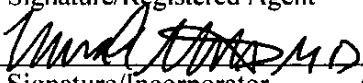


Signature/Registered Agent

Mark A Roberts MD

08/30/2007

Date



Signature/Incorporator

Mark A Roberts MD

08/30/2007

Date