

PO8000003663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

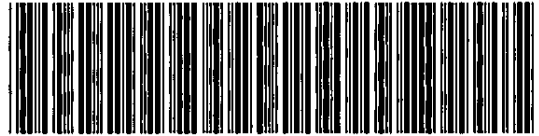
Certificates of Status _____

Special Instructions to Filing Officer:

~~RECEIVED DEC 1 2007~~

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12/18/07--01003--001 **137.50

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2008 JAN -3 P 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6207-61087

TRANSMITTAL LETTER

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

SUBJECT: Feminine Care, PC

to move to Florida effective 1/1/2008 or later
Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	\$78.75
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
	<u>137.50</u>

FROM:

Merri B. Morris
Name (printed or typed)

3100 Hillside Lane
Address

Safety Harbor, FL 34695
City, State & Zip

727-748-5122
Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 18, 2007

MERRI B. MORRIS
3100 HILLSIDE LANE
SAFETY HARBOR, FL 34695

SUBJECT: FEMININE CARE, PC
Ref. Number: W07000061087

We have received your document for FEMININE CARE, PC and your check(s) totaling \$137.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The only acceptable corporate suffixes for professional associations are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED.

The specific business purpose of the professional association must be stated in the document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen Saly
Regulatory Specialist II
New Filing Section

Letter Number: 907A00070581

CERTIFICATE OF DOMESTICATION

The undersigned, Merri B. Morris, President,
(Name) (Title)
of Feminine Care, P.A., a foreign corporation,
(Corporation Name)
in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was Feb. 13, 1992.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Smith County, TN (ID# 0249978).
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Feminine Care, PC.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Feminine Care, P.A..
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Smith County, Tennessee.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am President of Feminine Care, P.A.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 29th day of December, 2007.

Merri B. Morris
(Authorized Signature)

Filing Fee:
Certificate of Domestication
Articles of Incorporation and Certified Copy
Total to domesticate and file

\$50.00
\$78.75
\$128.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE: Feminine Care, P.A.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

3100 Hillside Lane
Safety Harbor, FL 34695

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

medical professional corporation / association
to provide medical care

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS:

1000

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Merri B. Morris, MD President
Same

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 JAN - 3 P 1 44

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ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Merri B. Morris
3100 Hillside Lane
Safety Harbor, FL 34695

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Merri B. Morris
Same

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

Merri B. Morris
Signature/Registered Agent

12-29-2007
Date

Merri B. Morris
Signature/Incorporator

12-29-2007
Date