

P080000 155/8

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

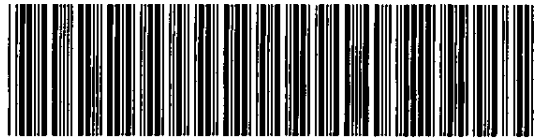
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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original

**COVER LETTER**

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

**SUBJECT:** Physician to Physician, 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

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

CK# 6495  
5 Feb 08

**FROM:** Physician to Physician, Inc.

Name (Printed or typed)

3225 South Mac Dill Avenue, Suite 129-227

Address

Tampa, FL 33629-8171

City, State & Zip

(813)508-4719

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:

Physician to Physician, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:  
3225 South MacDill Ave, Suite 129-227  
Tampa, FL 33629-8171

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide consulting services for physicians, physician groups, hospital and other medical service providers focusing on licensing, credentialing & relocation services for the medical community.

### **ARTICLE IV SHARES**

The number of shares of stock is:

10

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

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

Catherine D. Sopher (CEO/Secretary)  
Executive Officer)  
2933 W. Wallcraft Ave.  
Tampa, FL 33611

John C. Brock (Vice President/Treasurer)  
3007 W. Fair Oaks Ave.  
Tampa, FL 33611

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TALLAHASSEE, FLORIDA

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**ARTICLE VI REGISTERED AGENT**

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

Catherine D. Sopher  
2933 W. Wallcraft Ave.  
Tampa, FL 33611

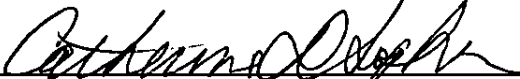
**ARTICLE VII INCORPORATOR**

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

Catherine D. Sopher  
2933 W. Wallcraft Ave.  
Tampa, FL 33611

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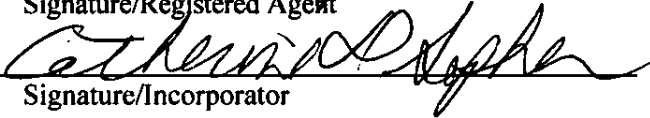
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Signature/Registered Agent

February 5, 2008

Date



Signature/Incorporator

February 5, 2008

Date

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TALLAHASSEE, FLORIDA