

PD8000069969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

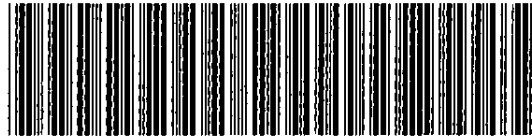
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700133301997

07/24/08--01014--001 **70.00

MRS
7/24

FILED
08 JUL 24 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Mills Primary Care & Sports Medicine, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: The Bittinger Law Firm
Name (Printed or typed)

13500 Sutton Park Drive South, Suite 201
Address

Jacksonville, Florida, 32224
City, State & Zip

(904) 821-9000
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

**ARTICLES OF INCORPORATION
OF
MILLS PRIMARY CARE & SPORTS MEDICINE, P.A.**

FILED
08 JUL 24 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE UNDERSIGNED, who is duly licensed to practice as a medical physician in the State of Florida, desiring to form a professional corporation in accordance with the Florida Business Corporation Act and the Florida Professional Service Corporation and Limited Liability Company Act, adopts the following Articles of Incorporation.

I. NAME

The name of the Professional Corporation is Mills Primary Care & Sports Medicine, P.A.

II. PURPOSE

The purpose for which the Professional Corporation is organized is to practice the profession of medicine with a specialty in sports medicine and primary care.

III. ELECTION UNDER PROFESSIONAL CORPORATION ACT

The Professional Corporation elects to be governed by the provisions of the Florida Professional Service Corporation and Limited Liability Company Act.

IV. DURATION

The term of existence of the Professional Corporation is perpetual.

V. CAPITAL STOCK

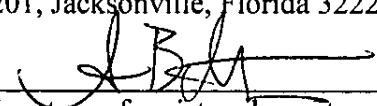
The number of shares the Professional Corporation is authorized to issue is One Hundred (100), all of which shall be common shares with the par value of One Dollar (\$1.00).

VI. STATED CAPITAL

The amount of capital with which the Professional Corporation shall begin business is One Hundred Dollars (\$100.00).

VII. REGISTERED OFFICE

The initial registered agent of the Professional Corporation is Ann M. Bittinger, Esquire. The street address of the Professional Corporation's registered office in this state is 13500 Sutton Park Drive South, Suite 201, Jacksonville, Florida 32224.



Signature of registered agent

VIII PRINCIPAL OFFICE

The mailing address of the initial principal office of the Professional Corporation is
8075 Gate Parkway West, Suite 202, Jacksonville, Florida 32216.

IX. INCORPORATORS

The name and post office address of the incorporator is the following:

Wesley C. Mills, M.D.
8075 Gate Parkway West, Suite 202
Jacksonville, Florida 32216.

X. DIRECTORS

The initial Board of Directors shall consist of one member. The name and address are as follows:

Wesley C. Mills, M.D.
8075 Gate Parkway West, Suite 202
Jacksonville, Florida 32216.

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation on July 17, 2008.

Wesley C. Mills
Wesley C. Mills, M.D.
Florida License Number: ME83961

STATE OF FLORIDA

COUNTY OF DUVAL

The foregoing instrument was acknowledged before me this 17th day of July, 2008, by

Wesley Mills

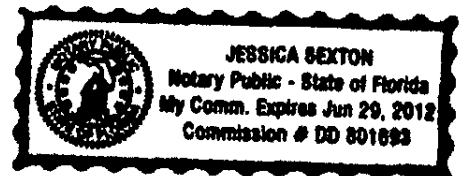
NOTARY SEAL

Jessica Sexton
Signature of Notary Public-State of Florida

Jessica Sexton
Name of Notary Typed, Printed, or Stamped

My commission expires June 29, 2012

Personally Known ☒ OR Produced Identification ☐



Type of Identification Produced
