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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

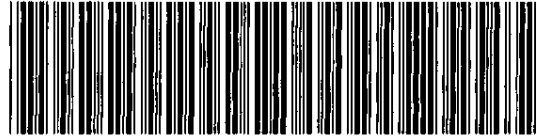
(Business Entity Name)

(Document Number)

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## COVER LETTER

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

**SUBJECT:** William Tingle MD PA

(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:** Bill Jackson

Name (Printed or typed)

1 S School Ave, Suite 200

Address

Sarasota, FL 34237

City, State & Zip

941-309-7006

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:

William Tingle MD PA

## ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1 S School Ave, Suite 200  
Sarasota, FL 34237

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Office

## ARTICLE IV SHARES

The number of shares of stock is:

1,000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

William Tingle, M.D.  
1 S School Ave, Suite 200  
Sarasota, FL 34237

## ARTICLE VI REGISTERED AGENT

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

William Tingle, M.D.  
1 S School Ave, Suite 200  
Sarasota, FL 34237

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

William Tingle, M.D.  
1 S School Ave, Suite 200  
Sarasota, FL 34237

\*\*\*\*\*

*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*

X William J Tingle  
Signature/Registered Agent

01/08/2009

Date

X William J Tingle  
Signature/Incorporator

01/08/2009

Date

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