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(Address)

(Address)

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MAR 10 2009
FEB 10 2009

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COVER LETTER

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

SUBJECT: Thomas Williams 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 ☐ \$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: 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:

Thomas Williams 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):

Thomas Williams, 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:

Thomas Williams, M.D.
1 S School Ave, Suite 200
Sarasota, FL 34237

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Thomas Williams, 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



Signature/Registered Agent

01/08/2009

Date



Signature/Incorporator

01/08/2009

Date

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