

PD90000415419

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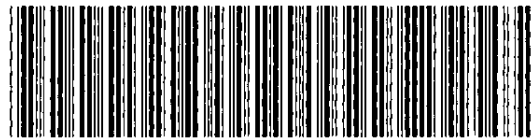
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAY 21 PM 4:02

MD 5/22

WIA-21404



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 6, 2009

LARRY MEYERS MD
169 FIESTA WAY
FT. LAUDERDALE, FL 33301

SUBJECT: LARRY J. MEYERS, MD, PC
Ref. Number: W09000021404

We have received your document for LARRY J. MEYERS, MD, PC and your check(s) totaling \$128.75. 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.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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) 245-6921.

Maryanne Dickey
Document Specialist Supervisor
New Filing Section

Letter Number: 609A00015386

COVER LETTER

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

SUBJECT: Change Corporation Domicile

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
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Larry Meyers MD
Name (printed or typed)

169 Fiesta Way
Address

Ft. Lauderdale, FL 33301
City, State & Zip

423-645-9743
Daytime Telephone Number

tensone8@aol.com
E-mail address: (to be used for future annual report notification)

CERTIFICATE OF DOMESTICATION

The undersigned, Larry Meyers MD, President
(Name) (Title)

of Larry J. Meyers, MD, PC 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 July 2, 1997.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Tennessee, USA.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Larry J. Meyers, MD, 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 Larry J. Meyers, MD, PA.
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 Tennessee.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Larry J. Meyers, of Larry J. Meyers, MD, PC

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 12th day of May, 2009.

X Larry J. Meyers
(Authorized Signature)

Filing Fee:

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

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

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Larry J. Meyers, MD, PA

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

169 Fiesta Way
Ft. Lauderdale, FL 33301**ARTICLE III PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Professional Association
Medical Services Provider**ARTICLE IV SHARES**

THE NUMBER OF SHARES OF STOCK IS:

1 (one)

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

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

Larry J. Meyers, MD President
169 Fiesta Way
Ft. Lauderdale, FL 33301**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX **NOT** ACCEPTABLE) OF THE REGISTERED AGENT IS:Larry J. Meyers, MD
169 Fiesta Way
Ft. Lauderdale FL 33301**ARTICLE VII INCORPORATOR**THE NAME AND ADDRESS OF THE INCORPORATOR IS:Larry J. Meyers, MD
169 Fiesta Way
Ft. Lauderdale, FL 33301

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.

Larry J. Meyers
Signature/Registered Agent

May 12, 2009
Date

Larry J. Meyers
Signature/Incorporator

5/12/2009
Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAY 21 PM 4: 02