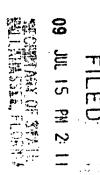
# P09000061011

Office Use Only



600157673656



07/14/09--01034--009

**∗**≉70,00

10h 7-19-09

# COVER LETTER

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

SUBJECT: RONALD D. LIPPMANN D.O. MEDICAL ASSOCIATES, INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:				
<b>✓</b> \$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 CO	PY REQUIRED	_
FROM:	Name (Printed or typed)			ס9 אוון. א
756 Harrison Avenue			100 H	FILED
Address				
	Panama City, FL 32401  City, State & Zip		Section 1	<del>-</del>
	•	•	*	
<u></u>		115 8999 lephone number		
docinfl@gmail.com				
E-mail address: (to be used for future annual report notification)				

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:

RONALD D. LIPPMANN D.O. MEDICAL ASSOCIATES, INC.

#### PRINCIPAL OFFICE ARTICLE II

The principal street address and mailing address, if different is: 756 Harrison Ave Panama City, FL 32401

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Group Medical Health Care

#### ARTICLE IV SHARES

The number of shares of stock is:

1,000,000

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

President: Ronald Lippmann 2835 Longleaf Rd., Panama City, FL 32405 Secretary: Margeaux Lippmann 2835 Longleaf Rd., Panama City, FL 32405

## ARTICLE VI REGISTERED AGENT

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

Ronald Lippmann

2835 Longleaf Rd.

Panama City, FL 32405

### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Ronald Lippmann

2835 Longleaf Rd.

Panama City, FL 32405

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

Date

Date

Julv 11. 2009 July 11, 2009