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(Re	equestor's Name)		
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PICK-UP	☐ WAIT	MAIL	
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7. Supplements LEB 12 5040

## **COVER LETTER**

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

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SUBJECT: MIMMS	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an ori	ginal and one (1) copy of the art	icles of incorporation and	a check for:	ŧ	
■ \$70.00 Filing Fee	<ul><li> ☐ \$78.75 Filing Fee &amp; Certificate of Status </li></ul>	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM: DI	ANA SIMON MIMMS, M.D. Nam	e (Printed or typed)	A CO	2010 FEB	Mail: Jacobs
10	02 South Harbour Island Blvd # 1		ASS.	B 12	LTRIANGE SPERMEN
Ta	mpa Florida 33602	Address	EE, CLOR	PM 12: 30	
_		, State & Zip		ဒဓ	
1-	813- 310-3564		<u> </u>		
	Daytime 1	relephone number			
cm	imms@tampabay.rr.com				
	E-mail address: (to be use	ed for future annual report i	noutication)		

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: MIMMS MEDICAL P.A. ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 1002 South Har bour Island Blud #1608 TAMPA, Fla 33602 ARTICLE III PURPOSE The purpose for which the corporation is organized is: The purpose for which the Corporation is organized is for the medical practice of psychiatry. ARTICLE IV SHARES The number of shares of stock is: One thousand INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): DIANA Simon Minns, M.D. - President 1002 S. Harbour Island BIVEL#1608 Jampa, fla 33602 REGISTERED AGENT The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: DIANA Simon Mimms, M.O. 1002 South Horbaun Island Blad#1608 Tampa, Ela 33602 ARTICLE VII INCORPORATOR The <u>name and address</u> of the Incorporator is: DIANA SIMON MIMMSIMO. 1002 South Herbour Island Blud #1608 TAMPA, Fla 33602 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 Signature/Registered Agent