

P/0000045765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

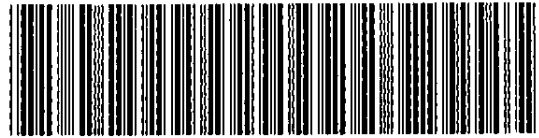
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10 MAY 28 PM 12:57  
DEPT. OF STATE  
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01-88-5  
24

## COVER LETTER

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

SUBJECT: Dorn Medical Associates, P.A.  
(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: Joseph C. Dorn  
Name (Printed or typed)

193 Nursery Road  
Address

Monticello, Florida 32344  
City, State & Zip

850-544-5325  
Daytime Telephone number

jc\_dorn\_md@hotmail.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:

Dorn Medical Associates, P.A.

**ARTICLE II PRINCIPAL OFFICE**

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

193 Nursery Road  
Monticello, Florida 32344

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

practice of medicine

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Joseph C. Dorn - President  
193 Nursery Road  
Monticello, FL 32344

**ARTICLE VI REGISTERED AGENT**

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

Joseph C. Dorn  
193 Nursery Road  
Monticello, FL 32344

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Joseph C. Dorn  
193 Nursery Road  
Monticello, FL 32344

\*\*\*\*\*

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

Joseph C. Dorn  
Signature/Registered Agent

5/28/10  
Date

Joseph C. Dorn  
Signature/Incorporator

5/28/10  
Date

FILED  
10 MAY 28 PM 1:18  
CLERK OF STATE  
TALLAHASSEE, FLORIDA