

P10000064/22

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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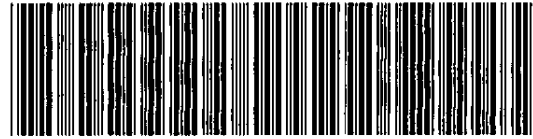
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 AUG -4 PM 2:55

APPROVED
AND
FILED

141

COVER LETTER

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

SUBJECT: Yelverton Medical Services, Inc.

(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

ERROR
☒ \$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: Robin J. Yelverton, RN, MSN, ARNP-C

Name (Printed or typed)

679 Merioneth Drive N.E.

Address

Fort Walton Beach, FL 32547

City, State & Zip

850-259-3059

Daytime Telephone number

robinyelverton.arnpc@yahoo.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)

APPROVED
AND
FILED

10 AUG -4 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Yelverton Medical Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

679 Merioneth Drive N.E.

Fort Walton Beach, FL 32547

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide contract medical services to other entities.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Robin J. Yelverton, ARNP-C Robert F. Yelverton, Jr.

President Vice-President

679 Merioneth Drive N.E. 679 Merioneth Drive N.E.

Fort Walton Beach, FL Fort Walton Beach, FL

32547 32547

ARTICLE VI REGISTERED AGENT

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

Robin J. Yelverton, ARNP-C

Yelverton Medical Services, Inc.

679 Merioneth Drive N.E.

Fort Walton Beach, FL 32547

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

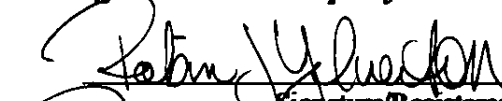
Robin J. Yelverton, ARNP-C

Yelverton Medical Services, Inc.

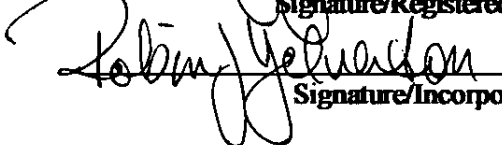
679 Merioneth Drive N.E.

Fort Walton Beach, FL 32547

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/Incorporator

07/29/2010

Date

07/29/2010

Date