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TALLAHASSEE, FLORIDA

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11/16/12 79

COVER LETTER

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

SUBJECT: FRANK B. LEE M.D., 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: MARK A. FREEMAN
Name (Printed or typed)
4548 CHALFONT DR
Address
ORLANDO, FL 32837
City, State & Zip
407-230-5146
Daytime Telephone number
MARK@LOREFINANCIAL.COM
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 21, 2010

MARK A FREEMAN
4548 CHALFONT DR
ORLANDO, FL 32837

SUBJECT: FRANK B. LEE, M.D., P.A.
Ref. Number: W10000044279

We have received your document for FRANK B. LEE, M.D., P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

Please indicate which address is the principal office and which one is the mailing. The signatures below for the registered agent and the incorporator are not the same. Are both signatures Mark A Freeman?

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) 245-6879.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 710A00022488

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME Frank B. Lee, MD PA
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address: 10195 Bridgewater Circle
St. Paul, MN 55129
Mailing address, if different is: 4548 Chalfont Drive
Orlando, FL 32837

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Personal services as a Medical doctor who is an independent contractor for various hospitals

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Frank B Lee, Owner
Address: 10195 Bridgewater Circle
St Paul, MN 55129
Name and Title: _____
Address: _____
Name and Title: _____
Address: _____
Name and Title: _____
Address: _____
Name and Title: _____
Address: _____

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ARTICLE VI REGISTERED AGENT

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

Name: Mark A Freeman
Address: 4548 Chalfont Drive
Orlando, FL 32837

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mark A Freeman
Address: 4548 Chalfont Drive
Orlando, FL 32837

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

Required Signature/Registered Agent
October 3, 2010
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator
October 3, 2010
Date