

P10000096851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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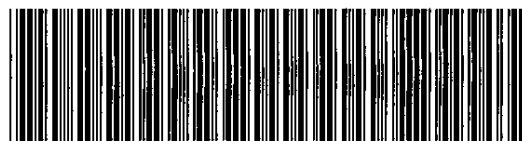
(Business Entity Name)

(Document Number)

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

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NOV 24 PM 4:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Ps 11/30/10

## COVER LETTER

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

SUBJECT: PHYSICIAN BEST PRACTICES  
(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: LORRAINE L POWERS  
Name (Printed or typed)

436 8<sup>th</sup> STREET  
Address

WEST PALM BEACH, FL 33401  
City, State & Zip

561-932-4999  
Daytime Telephone number

lpowers@physicianbestpractices.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: PHYSICIAN BEST PRACTICES, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
436 8<sup>th</sup> STREET  
WEST PALM BEACH, FL  
33401

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all legal business.

**ARTICLE IV SHARES**

The number of shares of stock is: 2000.

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

Name and Title: MICHAEL COUPLAND  
Address: 436 8<sup>th</sup> STREET  
WPB, FL 33401

Name and Title: PRESIDENT / SEC  
Address: \_\_\_\_\_

Name and Title: LORRAINE L POWERS  
Address: 436 8<sup>th</sup> STREET  
WEST PALM BEACH, FL  
33401

Name and Title: VICE PRESIDENT / TRES  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: MICHAEL COUPLAND  
Address: 436 8<sup>th</sup> STREET  
WEST PALM BEACH, FL 33401

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LORRAINE POWERS  
Address: 436 8<sup>th</sup> STREET  
WEST PALM BEACH, FL 33401

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

\_\_\_\_\_  
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

\_\_\_\_\_  
Date

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NOV 24 PM 4:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA