

PH 000007468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

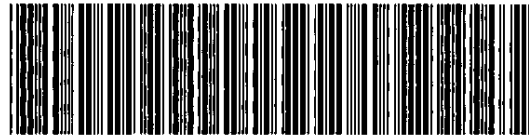
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600189047836

01/03/11--01022--006 **78.75

W11-380

FILED

2011 JAN 21 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 24 2011

COVER LETTER

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

SUBJECT: T. Steven Noggle, 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: Tommy S. Noggle

Name (Printed or typed)

271 Sweetwater Run

Address

Niceville, FL 32578

City, State & Zip

850-398-1079

Daytime Telephone number

SteveNoggleMD@gmail.com

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 JAN 21 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 5, 2011

TOMMY S. NOGGLE
271 SWEETWATER RUN
NICEVILLE, FL 32578

SUBJECT: T. STEVEN NOGGLE, M.D., P.A.
Ref. Number: W11000000380

We have received your document for T. STEVEN NOGGLE, M.D., P.A. and your check(s) totaling \$78.75. 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 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) 245-6928.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 211A00000266

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

T. Steven Noggle, M.D., P.A.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
271 Sweetwater Run
Niceville
FL 32578

Mailing address, if different is:

271 Sweetwater Run
Niceville
FL 32578

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business.

Medical Service.

ARTICLE IV SHARES 100

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tommy S. Noggle, President
Address: 271 Sweetwater Run
Niceville
FL 32578

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
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: Tommy S. Noggle
Address: 271 Sweetwater Run
Niceville, FL 32578

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tommy S. Noggle
Address: 271 Sweetwater Run
Niceville, FL 32578

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

12/29/10

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

12/29/10

FILED

2011 JAN 21 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA