

P11000053696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

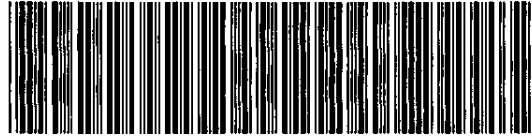
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
6/8

COVER LETTER

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

SUBJECT: Offsite Practice Management 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
☒ \$78.75 Filing Fee
& Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Terri Kohler

Name (Printed or typed)

730 Hibiscus Avenue

Address

Lake Wales, FL 33853

City, State & Zip

863-800-0852

Daytime Telephone number

terri@offsitepracticemanagement.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

Offsite Practice Management Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
730 Hibiscus Avenue
Lake Wales, FL 33853

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To assist small medical practices with their EMR and back office needs.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Terri Kohler, President
Address: 730 Hibiscus Avenue
Lake Wales, FL 33853

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: Terri Kohler
Address: 730 Hibiscus Avenue
Lake Wales, FL 33853

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Terri Kohler
Address: 730 Hibiscus Avenue
Lake Wales, FL 33853

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

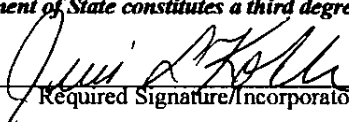


Required Signature/Registered Agent

June 2, 2011

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

June 2, 2011

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA