

PI10000059497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

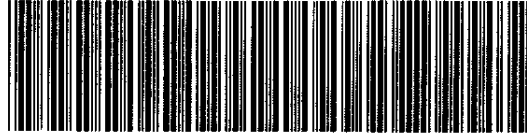
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700209106297

06/27/11--01011--007 \*\*70.00

FILED  
2011 JUN 27 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SC  
6-28-11

## COVER LETTER

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

SUBJECT: JAMES W. DEMLER, 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: Bill Jackson

Name (Printed or typed)

1 S School Ave, Suite 200

Address

Sarasota, FL 34237

City, State & Zip

941-309-7006

Daytime Telephone number

jax312@verizon.net

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

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

SECRETARY OF STATE  
TALLAHASSEE, FL 32314

2011 JUN 27 PM 2:30

FILED

**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:

James W. Demler, M.D., P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1 S School Ave, Suite 200

Sarasota, FL 34237

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Medical Office

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: James W. Demler, MD, President

Address: 1 S School Ave, Suite 200

Sarasota, FL 34237

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: James W. Demler, MD

Address: 1 S School Ave, Suite 200

Sarasota, FL 34237

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: James W. Demler, MD

Address: 1 S School Ave, Suite 200

Sarasota, FL 34237

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

06/21/2011

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

06/21/2011

Date

FILED  
2011 JUN 27 PM 2:30  
CLERK OF THE COURT  
TALLAHASSEE, FL