

P110000063686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

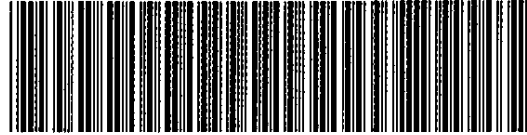
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

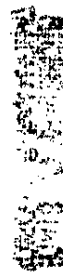
Special Instructions to Filing Officer:

Office Use Only



800209849798

07/13/11--01013--012 **78.75



11 JUL 13 PM 12:44



7/15
[Signature]

COVER LETTER

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

SUBJECT: West Coast Spine Center, PA
(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: West Coast Spine Center, PA -
Name (Printed or typed)

1217 S. East Ave. - Suite 304
Address

Sarasota, FL 34239
City, State & Zip

941-362-2000
Daytime Telephone number

DrBarcomb@Westcoastspinecenter.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:

West Coast Spine Center, PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

1217 S. East Ave.

Suite 304

Sarasota, FL 34239

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Healthcare Delivery

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Craig L. Barcomb, President

Address: 1217 S. East Ave.

Suite 304

Sarasota, FL 34239

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: Craig L. Barcomb, DC

Address: 1217 S. East Ave. - Suite 304

Sarasota, FL 34239

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Craig L. Barcomb

Address: 1217 S. East Ave. - suite 304

Sarasota, FL 34239

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

Craig Barcomb

Required Signature/Registered Agent

7/11/11

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.

Craig Barcomb

Required Signature/Incorporator

7/11/11

Date