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SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
2011 AUG 26 PM 2:05

8/29/11

COVER LETTER

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

SUBJECT: Peace of Mind Medical Record Systems, 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

☒ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Thomas W. Caufman, Esq.
Name (Printed or typed)

4905 West Laurel Street #200
Address

Tampa, Florida 33607
City, State & Zip

(813) 286-8818
Daytime Telephone number

TCAUFMAN@QPWBLAW.COM
E-mail address: (to be used for future annual report notification)

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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: Peace of Mind Medical Record Systems, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
4426 5th Street West
Bradenton, FL 34207

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

All lawful business purposes including assembly, storage and dissemination of patient medical data.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert Harold

Address: President

4426 5th Street West

Bradenton, FL 34207

Name and Title: _____

Address: _____

Name and Title: Nichole Harold

Address: Vice President

4426 5th Street West

Bradenton, FL 34207

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: Thomas W. Cauffman

Address: 4905 West Laurel Street #200

Tampa, FL 33607

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Thomas W. Cauffman

Address: 4905 West Laurel Street #200

Tampa, FL 33607

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

Thomas W. Cauffman

Required Signature/Registered Agent

August 17, 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.

Thomas W. Cauffman

Required Signature/Incorporator

August 17, 2011

Date