

P11000081413

(Requestor's Name)

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(Address)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 SEP 14 PM 1:29

APPROVAL
AND
FILED

1/4

COVER LETTER

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

SUBJECT: Biggers Family Medicine, 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: Biggers Family Medicine, P.A.

Name (Printed or typed)

2512 Centennial Falcon Dr

Address

Valrico, FL 33596

City, State & Zip

813-220-5015

Daytime Telephone number

info@larrycuppett.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

September 1, 2011

ELIZABETH BIGGERS
2512 CENTENNIAL FALCON DR
VALRICO, FL 33596

SUBJECT: BIGGERS FAMILY MEDICINE, P.A.
Ref. Number: W11000045415

We have received your document for BIGGERS FAMILY MEDICINE, P.A. and your check(s) totaling \$70.00. 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) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 911A00020433

ARTICLES OF INCORPORATION

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

ARTICLE I NAME Biggers Family Medicine, P.A.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
2512 Centennial Falcon Drive
Valrico, FL 33596

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct any medical practice allowed under the law of the State of Florida. Provision of primary medical care.

ARTICLE IV SHARES 1000

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joel Biggers, President
Address: 2512 Centennial Falcon Drive
Valrico, FL 33596

Name and Title: _____
Address: _____

Name and Title: Elizabeth Biggers, Vice President
Address: 2512 Centennial Falcon Drive
Valrico, FL 33596

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: Elizabeth Biggers
Address: 2512 Centennial Falcon Drive
Valrico, FL 33596

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joel Biggers
Address: 2512 Centennial Falcon Drive
Valrico, FL 33596

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

08-23-11
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.


Required Signature/Incorporator

08-23-11
Date

APPROVED
AND
FILED
11 SEP 14 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA