

PI 10008469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

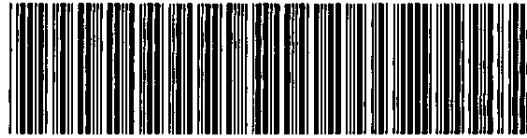
(Business Entity Name)

(Document Number)

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

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10/07/11--01017--015 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 OCT - 7 PM 2:26

Ps 10/10/11

## COVER LETTER

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

SUBJECT: Tampa Physicians Alliance Corp  
(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: Patrick G Watson, MD  
Name (Printed or typed)

5526 Terrain De Golf  
Address

Lutz, FL 33558  
City, State & Zip

8139310000  
Daytime Telephone number

rmroche@verizon.net  
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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be: **Tampa Physicians Alliance Corp**

**11 OCT -7 PM 2: 26**

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
**5526 Terrain De Golf**  
**Lutz, FL 33558**

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The purpose or purposes for which the Corporation is organized shall be to engage in any lawful purpose or purposes that are conferred on corporations under the laws of the State of Florida, and that are necessary or proper in connection with such business.

**ARTICLE IV SHARES**

The number of shares of stock is: **10,000,000**

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

Name and Title: **Patrick G Watson, MD**  
Address: **5526 Terrain De Golf**  
**Lutz, FL 33558**

Name and Title: **Olayinka Bankole, MD**  
Address: **5526 Terrain De Golf**  
**Lutz, FL 33558**

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:

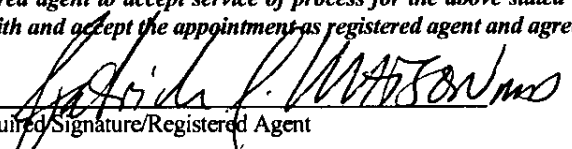
Name: **Patrick G Watson, MD**  
Address: **5526 Terrain De Golf**  
**Lutz, FL 33558**

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

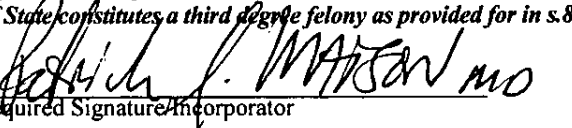
Name: **Patrick G Watson, MD**  
Address: **5526 Terrain De Golf**  
**Lutz, FL 33558**

*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

**7/26/11**  
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

**7/26/11**  
Date