

P.12000003302

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01/03/12--01014--022 **87.50

FILED

12 JAN 10 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

685-267

RECEIVED JAN 11 2012

COVER LETTER

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

SUBJECT: Total Patient Care of Ocala 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: Mark Brian Sacher

Name (Printed or typed)

4203 SW 55TH Circle

Address

Ocala, Florida 34474

City, State & Zip

352-213-5435

Daytime Telephone number

sachermark@yahoo.com

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

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



RECEIVED

JAN 10 AM 10:51

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 4, 2012

MARK BRAIN SACHER
4203 SW 55TH CIRCLE
OCALA, FL 34474

SUBJECT: TOTAL PATIENT CARE INC
Ref. Number: W12000000487

We have received your document for TOTAL PATIENT CARE INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6928.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 212A00000137

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: **Total Patient Care of Ocala INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
4203 SW 55TH Circle
Ocala, FL 34474

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Medical Services Corporation

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12 JAN 10 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mark Sacher D.O. President
Address: 4203 SW 55TH Circle
Ocala, FL 34474

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: Mark Brian Sacher
Address: 4203 SW 55TH Circle
Ocala, FL 34474

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mark Brian Sacher
Address: 4203 SW 55TH Circle
Ocala, FL 34474

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

01/07/12

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

01/07/12

Date