

JAN. 26. 2012 12:07 PM
Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H12000020846 3)))



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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
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RESUBMIT
Please give original
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
FL-I MEDICAL SERVICES, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN 25 PM 1:00

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Corporate Filing Menu

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12 JAN 26 PM 2:29

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CSC
1/26/2012 9:21:37 AM PAGE 1/001

NO. 602 P. 2
Fax Server



January 26, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORPORATION SERVICE COMPANY

SUBJECT: FL-I MEDICAL SERVICES, P.A.
REF: W12000004899

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

You must list at least one incorporator with a complete business street address.

If you have any further questions concerning your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

FAX Aud. #: H12000020846
Letter Number: 012A00002089

COVER LETTER

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

SUBJECT: FL-I Medical Services, 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: Heather Banks

Name (Printed or typed)

6200 S. Syracuse Way, Suite 200

Address

Greenwood Village, CO 80111

City, State & Zip

303-495-1207

Daytime Telephone number

Heather.Banks@emsc.net

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

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

JAN. 26. 2012 12:07PM

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NO. 602 FILED P. 4
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 JAN 25 PM 1:01

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

ARTICLE I NAME FL-I Medical Services, P.A.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
6200 S. Syracuse Way
Suite 200
Greenwood Village, CO 80111

Mailing address, if different is:
6200 S. Syracuse Way
Suite 200
Greenwood Village, CO 80111

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Professional medical services

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Terry Meadows, Vice President
Address: 18167 118 Highway 19N
Clearwater, FL 33764

Name and Title: Greg Byrne, MD, Director & President
Address: 1717 Main Street, Suite 5200
Dallas, TX 75201

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: Corporation Service Company
Address: 1201 Hays Street
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Corporation Service Company
Address: 1201 Hays Street
Tallahassee, FL 32301

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.
Corporation's Company

By:

Stephanie Milnes, Stephanie K. Milnes
Assistant Vice President

1/25/2012

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.

By:

Title: Director

Required Signature Incorporator

Date