

P12000042005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

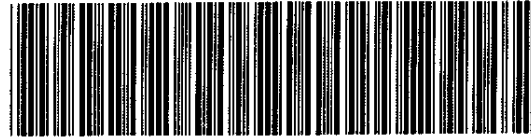
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100234275691

05/03/12--01032--019 **87.50

FILED
12 MAY -3 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 05/04/12

COVER LETTER

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

SUBJECT: United Medical Alliance 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: Jeanne Grimes

Name (Printed or typed)

13500 Sutton Park Dr. S. #602

Address

Jacksonville, FL 32224

City, State & Zip

(904) 248-2025

Daytime Telephone number

info@unitedmedicalalliance.com

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)

ARTICLE I NAME

United Medical Alliance, Inc.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

13500 Sutton Park Dr. S. #602

Jacksonville, FL 32224

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional Corporation

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jeanne Grimes

Address: 13500 Sutton Park Dr. S. #602

Jacksonville, FL 32224

Name and Title: Jerad Grimes

Address: 12999 Chelsea Harbor Dr. S.

Jacksonville, FL 32224

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: Jeanne Grimes

Address: 13500 Sutton Park Dr. S. #602

Jacksonville, FL 32224

ARTICLE VII INCORPORATOR

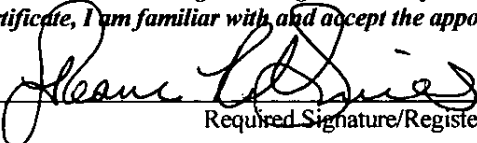
The name and address of the Incorporator is:

Name: Jeanne Grimes

Address: 13500 Sutton Park Dr. S. #602

Jacksonville, FL 32224

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

04/01/2012

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.



Required Signature/Incorporator

04/01/2012

Date

12 MAY -3 PM 3:39
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA