

P12000046657

(Requestor's Name)

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(Business Entity Name)

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12 MAY 17 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3 Burch MAY 18 2012

COVER LETTER

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

SUBJECT: Surgical Specialists of Trinity, 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: Keith Gregory Chisholm

Name (Printed or typed)

1024 Hagen Drive

Address

Trinity, FL 34655

City, State & Zip

352-246-3437

Daytime Telephone number

kgchisholm@cox.net

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

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



RECEIVED
12 MAY 17 AM 10:23

FLORIDA DEPARTMENT OF STATE CORPORATION
Division of Corporations

May 1, 2012

KEITH G CHISHOLM
1024 HAGEN DRIVE
TRINITY, FL 34655

SUBJECT: SURGICAL SPECIALISTS OF TRINITY, P.A.
Ref. Number: W12000023854

We have received your document for SURGICAL SPECIALISTS OF TRINITY, P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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) 245-6052.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 312A00013096

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: Surgical Specialists of Trinity, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
5719 High Street
New Port Richey, FL 34652

Mailing address, if different is
1024 Hagen Drive
Trinity, FL 34655

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the corporation titled Surgical Specialists of Trinity, P.A. is the assessment, evaluation, and treatment of surgical and medical conditions and disease states.

ARTICLE IV SHARES

The number of shares of stock is:

100 shares @ \$1 each = \$ 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Keith Gregory Chisholm, Director
Address: 1024 Hagen Drive
Trinity, FL 34655

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: Keith Gregory Chisholm
Address: 1024 Hagen Drive
Trinity, FL 34655

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Keith Gregory Chisholm
Address: 1024 Hagen Drive
Trinity, FL 34655

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

Keith Gregory Chisholm

(Required Signature/Registered Agent)

April 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.

Keith Gregory Chisholm

(Required Signature/Incorporator)

April 25, 2012

Date