

PI20000054514

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☐ PICK-UP

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(Business Entity Name)

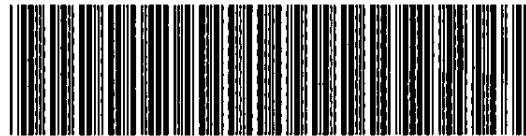
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 6/18



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 30, 2012

VOLRICK D. MORRISON, DO
12775 NW 15TH STREET
CORAL SPRINGS, FL 33071

SUBJECT: ATLANTIC SOUTH TRANSITIONS MEDICAL GROUP
Ref. Number: W12000029619

We have received your document for ATLANTIC SOUTH TRANSITIONS MEDICAL GROUP 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 must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 112A00015486

COVER LETTER

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

SUBJECT: Atlantic South Transitions Medical Group, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Volrick D. Morrison, DO

Name (Printed or typed)

12775 NW 15th Street

Address

Coral Springs, FL 33071

City, State & Zip

954.575.3054

Daytime Telephone number

volmorrison@aol.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

Atlantic South Transitions Medical Group, Incorporated
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
12775 NW 15th Street
Coral Springs, FL 33071

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Medical care

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Volrick D Morrison, DO
Address: 12775 NW 15th Street
Coral Springs, FL 33071

Name and Title: _____
Address: _____

Name and Title: Elizabeth J Isalguez, MD
Address: 617 SW 8th Terrace
Ft Lauderdale, FL 33315

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: Volrick D Morrison DO
Address: 12775 NW 15th Street
Coral Springs, FL 33071

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Volrick D Morrison DO
Address: 12775 NW 15th Street
Coral Springs, FL 33071

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

May 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.



Required Signature/Incorporator

May 25, 2012
Date

FILED
12 JUN 15 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA