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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
9/20/12

COVER LETTER

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

SUBJECT: North Florida Family Healthcare, 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: Val Dee Harmon-Sheffield, M.D.
Name (Printed or typed)

4215A Kelson Ave.
Address

Marianna, Florida 32446
City, State & Zip

850-526-3400
Daytime Telephone number

valdee83@yahoo.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

The name of the corporation shall be: **North Florida Family Healthcare, Inc**

ARTICLE II PRINCIPAL OFFICE

Principal street address

4215A Kelson Ave

Marianna, Florida 32446

Mailing address, if different is:

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of North Florida Healthcare, Inc is to provide complete, continuous and compassionate care to our patients. As a Family Practice clinic we strive to develop a partnership with each patient and family to help them stay healthy through preventive health and improve their quality of life. We strive to improve the health status of those we serve with a commitment and excellence in all we do.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Val Dee Harmon-Sheffield, M.D.-CEO

Address: 2281 Harmon Road
Chipley, Florida 32428

Name and Title: _____

Address: _____

Name and Title: Eulless Sheffield, Sr. COO

Address: 2281 Harmon Road
Chipley, Florida 32428

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: Val Dee Harmon-Sheffield, M.D.

Address: 2281 Harmon Road
Chipley, Florida 32428

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Val Dee Harmon-Sheffield, M.D.

Address: 2281 Harmon Road
Chipley, Florida 32428

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

Val Dee Harmon-Sheffield
Required Signature/Registered Agent

9/17/12
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.

Val Dee Harmon-Sheffield
Required Signature/Incorporator

9/17/12
Date