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

From: Account Name : DAVID C. HASTINGS, CPA, PA  
Account Number : I20000000168  
Phone : (727) 322-0909  
Fax Number : (727) 322-0520

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: DAVIDCPA@TAMPABAY.FL.COM

FLORIDA PROFIT/NON PROFIT CORPORATION  
ROSEANNA JAVORSKY, PA

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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**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:

ROSEANNA JAVORSKY, PA

**ARTICLE II PRINCIPAL OFFICE**Principal street address

49 AEGEAN AVE

TAMPA, FL 33606

Mailing address, if different is:

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To operate AS A LICENSED PHYSICIAN ASSISTANT

**ARTICLE IV SHARES**

The number of shares of stock is:

1000 SHARES of Common Stock

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ROSEANNA JAVORSKY, PRESIDENT

Address:

49 AEGEAN AVE

TAMPA, FL 33606

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:

DAVID C HASTINGS CPA

Address:

2207 54TH AVE S

GULFPORT, FL 33707

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name:

DAVID C HASTINGS

Address:

2207 54TH ST S

GULFPORT, FL 33707

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

11/13/2012

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

11/13/2012

Date

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