

P13000005253

(Requestor's Name)

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(City/State/Zip/Phone #)

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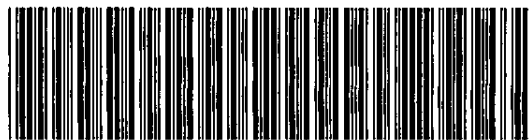
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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W12-63554



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 4, 2013

CATHARINE STEPHENSON
310 EAGLE DR
PANAMA CITY BEACH, FL 32407

SUBJECT: CATHARINE STEPHENSON, ARNP, PA
Ref. Number: W12000063554

We have received your document for CATHARINE STEPHENSON, ARNP, PA and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return 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.

Jessica A Fason
Regulatory Specialist II

Letter Number: 712A00030437

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

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

SUBJECT: Catharine Stephenson, ARNP, PA
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

FROM: Catharine Stephenson
Name (Printed or typed)

310 Eagle Drive
Address

Panama City Beach, FL 32407
City, State & Zip

(850) 866-2834
Daytime Telephone number

ncstephenson@knology.net
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: Catharine Stephenson, ARNP, PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

310 Eagle Drive

Panama City Beach, FL 32407

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide medical services as an
Advanced Registered Nurse Practitioner.

ARTICLE IV SHARES

The number of shares of stock is: 100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Catharine Stephenson, President

Name and Title: _____

Address 310 Eagle Drive

Address: _____

Panama City Beach, FL 32407

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE FLORIDA

(conti.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Catharine Stephenson
Address: 310 Eagle Drive
Panama City Beach, FL 32407

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TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Catharine Stephenson
Address: 310 Eagle Drive
Panama City Beach, FL 32407

ARTICLE VIII EFFECTIVE DATE: JANUARY 1, 2013

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

1/11/2013

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

1/11/2013

Date