

P13D000014355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700244490957

02/11/13--01048--016 **78.75

FILED
13 FEB 11 PM 2:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2/12
8

COVER LETTER

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

SUBJECT: TELERADIOLOGY SPECIALTIES, 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: Mark Timken c/o Carl J. Ohall, Esq.
Name (Printed or typed)

611 South Kings Avenue
Address

Brandon, FL 33511
City, State & Zip

813-341-3333
Daytime Telephone number

timkenmd@yahoo.com
E-mail address: (to be used for future annual report notification)

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

Tampa Bay Legal Center
A PROFESSIONAL ASSOCIATION

CARL J. OHALL

611 SOUTH KINGS AVENUE
BRANDON, FLORIDA 33511

TELEPHONE: (813) 341-3333
FACSIMILE: (813) 341-8888

*Admitted to Practice in Florida

WWW.TBLCPA.COM

cohall@tblcpa.com

February 8, 2013

Dept. Of State; New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: **Teleradiology Specialties, P.A.**

Dear Commissioner:

nclosed is the filing and requisite filing fee. Also enclosed is a return UPS envelope, prepaid, for the copies to be returned to me. Please do not hesitate to contact me should any questions arise.

Sincerely,

Carl J. Ohall

Carl J. Ohall

(signed in Mr. Ohall's absence
in order to avoid delay)

CJO/ks

Enclosures

cc: file

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME TELERADIOLOGY SPECIALTIES, P.A.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address _____ Mailing address, if different is: _____
3131 NW 13th Street _____
Gainesville, FL 32609 _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: professional radiological services
for various radiological facilities and for all legal and profitable purposes

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mark Timken P/D Name and Title: _____
Address: 3131 NW 13th Street Address: _____
Gainesville, FL 32609 _____

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

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

FILED
13 FEB 11 PM 2:38
SECRETARY OF STATE
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: Carl J. Ohall, Esq.
 Address: 611 South Kings Avenue
Brandon, FL 33511

FILED
 13 FEB 11 PM 2:38
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Carl J. Ohall, Esq.
 Address: 611 South Kings Avenue
Brandon, FL 33511

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 2-8-13
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 2-8-13
Date