

From

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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 : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (888) 692-9256

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
DR. JOHN ARMSTRONG P.A.**

Certificate of Status	0
Certified Copy	0
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of the corporation shall be: DR. JOHN ARMSTRONG P.A.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

3331 Warm Mist Circle

Tavares FL 32778

Mailing address, if different is:

3331 Warm Mist Circle

Tavares FL 32778

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Medical

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. John Armstrong/Director Name and Title: _____

Address: 3331 Warm Mist Circle Address: _____
Tavares FL 32778

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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08/15/2013 10:03

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(cont.)

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: John Armstrong
Address: 3331 Warm Mist Circle
Tavares FL 32778

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: John Armstrong
Address: 3331 Warm Mist Circle
Tavares FL 32778

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

8-14-13
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

8-14-13
Date

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