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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2013 SEP -4 PM 3:55

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## COVER LETTER

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

SUBJECT: KATHRYN HOFHEINZ PA-C, 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: KATHRYN HOFHEINZ

Name (Printed or typed)

4408 COLETTE DRIVE

Address

TEQUESTA, FL 33469

City, State & Zip

352-514-2100

Daytime Telephone number

KLHOFHEINZ@GMAIL.COM

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 15, 2013

KATHRYN HOFHEINZ  
4408 COLETTE DRIVE  
TEQUESTA, FL 33469

SUBJECT: KATHRYN HOFHEINZ PA-C, P.A.  
Ref. Number: W13000045617

We have received your document for KATHRYN HOFHEINZ PA-C, P.A. and your check(s) totaling \$78.75. 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.

Please return the corrected original and one copy of 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.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 113A00019554

[www.sunbiz.org](http://www.sunbiz.org)

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

**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:

**KATHRYN HOFHEINZ PA-C, P.A.**

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DIVISION OF CORPORATIONS

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

**2013 SEP -4 PM 3:55**  
Mailing address, if different is:

**4408 COLETTE DRIVE**

**TEQUESTA, FL 33469**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **to engage in any activity or business associated with healthcare as a Physician's Assistant.**

**ARTICLE IV SHARES**

The number of shares of stock is:

**500**

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

Name and Title: **Kathryn Hofheinz P/S**

Name and Title: \_\_\_\_\_

Address **4408 Colette Drive**

Address: \_\_\_\_\_

**Tequesta, FL 33469**

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

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: Kathryn Hofheinz  
 Address: 4408 Colette Drive  
Tequesta, FL 33469

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Kathryn Hofheinz  
 Address: 4408 Colette Drive  
Tequesta, FL 33469

*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*

Y [Signature] Required Signature/Registered Agent X 8/8/13 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.*

Y [Signature] Required Signature/Incorporator X 8/8/13 Date