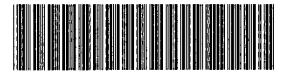
## P13000073647

/Re	questor's Name)	
(IVE	questor s rearrie)	
. (Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		, ,
W13-4:	5617	
	/ Office 11ce Oc	•



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DIVISION OF CORFORATIONS

2013 SEP -4 PM -2 SS

VH

## **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 CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u> )			
\$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status			
FROM: K	ATHRYN HOFH	EINZ e (Printed or typed)				
44	108 COLETTE D		· · · · · · · · · · · · · · · · · · ·			

KLHOFHEINZ@GMAIL.COM

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

TEQUESTA, FL 33469

352-514-2100

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

City, State & Zip

Daytime Telephone number



## 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

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

The name of the corpor		_			
<u> VRTICLE II PR</u>	INCIPAL OFFICE Principal street address	<b>29</b> Mailing add	13 SEP - 4 PM 3= 55 ress, il different is:		
4408 COLET	TE DRIVE				
TEQUESTA,	FL 33469				
		<del></del>			
The purpose for which	RPOSE the corporation is organized is: to eng	engage in any activity or business			
associated w	ith healthcare as a Physic	ian's Assistant.			
ARTICLE IV SH	IARES				
ARTICLE IV SH	IARES of stock is:				
ARTICLE V IN	ITIAL OFFICERS AND/OR DIRECTO	DRS			
ARTICLE V IN	ITIAL OFFICERS AND/OR DIRECTO	PRS  Name and Title:			
Name and Ti		Name and Title:			
ARTICLE V IN	HATIAL OFFICERS AND/OR DIRECTOR He: Kathryn Hofheinz P/S 4408 Colette Drive				
Name and Ti	itial officers and/or directo le: Kathryn Hofheinz P/S	Name and Title:			
Name and Ti	HATIAL OFFICERS AND/OR DIRECTOR He: Kathryn Hofheinz P/S 4408 Colette Drive	Name and Title:			
Name and Tit Address	Kathryn Hofheinz P/S 4408 Colette Drive Tequesta, FL 33469	Name and Title: Address:			
Name and Tit  Name and Tit	HATIAL OFFICERS AND/OR DIRECTOR  1e: Kathryn Hofheinz P/S  4408 Colette Drive  Tequesta, FL 33469	Name and Title:  Address:  Name and Title:			
Name and Tit Address	Kathryn Hofheinz P/S 4408 Colette Drive Tequesta, FL 33469	Name and Title:  Address:  Name and Title:			
Name and Tit  Name and Tit	HATIAL OFFICERS AND/OR DIRECTOR  1e: Kathryn Hofheinz P/S  4408 Colette Drive  Tequesta, FL 33469	Name and Title:  Address:  Name and Title:			
Name and Tit  Name and Tit	HATIAL OFFICERS AND/OR DIRECTOR  1e: Kathryn Hofheinz P/S  4408 Colette Drive  Tequesta, FL 33469	Name and Title:  Address:  Name and Title:			
Name and Tit  Name and Tit	HATIAL OFFICERS AND/OR DIRECTOR  1e: Kathryn Hofheinz P/S  4408 Colette Drive  Tequesta, FL 33469	Name and Title:  Address:  Name and Title:			
Name and Tit  Address  Name and Titl  Address	HATIAL OFFICERS AND/OR DIRECTOR  1e: Kathryn Hofheinz P/S  4408 Colette Drive  Tequesta, FL 33469	Name and Title:  Address:  Name and Title:  Address:			
Name and Tit  Address  Name and Titl  Address	TEAL OFFICERS AND/OR DIRECTOR  He: Kathryn Hofheinz P/S  4408 Colette Drive  Tequesta, FL 33469  e:	Name and Title:  Address:  Name and Title:  Address:  Name and Title:			

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Name an	d Title:	Name and Title	18 SFP -L	DM 2-EC
Address		Address:		.u 3: 32
		-		<del></del>
		-	<del> </del>	
ARTICLE VI The name and Flo	_REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the registered ages	nt is:	
Name:	Kathryn Hofheinz			
Address:	4408 Colette Drive			
	Tequesta, FL 33469			
ARTICLE VII	INCORPORATOR			
The name and ad	dress of the Incorporator is:			
Name:	Kathryn Hofheinz			
Address:	4408 Colette Drive			
	Tequesta, FL 33469			
	ned as registered agent to accept service of process im familiar with and accept the appointment as regi			
	Required Signature/Registered Agent		*	818/13
I submit this doci	ment and affirm that the facts stated herein are to property from the constitutes a third degree felony	rue. I am aware t as provided for in	hat the false in 1 s.817.155, F.S	Date formation submitted in a
	Required Signature/Incorporator		*	V/V/13

Y