

P14000030379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

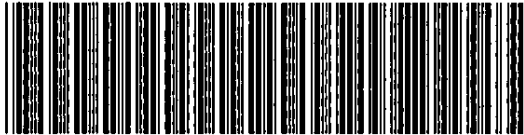
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COVER LETTER

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

SUBJECT: **TOTAL KIDNEY OVERSIGHT, 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
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 S. RUSSO, MD, PhD**

Name (Printed or typed)

487 SADDLEBROOK LANE

Address

NAPLES, FL 34110

City, State & Zip

239-248-8791

Daytime Telephone number

LORI@NAPLESNEPHROLOGY.COM

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: TOTAL KIDNEY OVERSIGHT, PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

9400 GLADIOLUS DRIVE

FORT MYERS, FL 33908

Mailing address, if different is:

487 SADDLEBROOK LANE

NAPLES, FL 34110

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MEDICAL PRACTICE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARK S. RUSSO, MD, PhD

Address: PRESIDENT

487 SADDLEBROOK LANE

NAPLES, FL 34110

Name and Title: VERA STRICEVIC, MD

Address: VICE-PRESIDENT

3709 WHIDBEY WAY

NAPLES, FL 34119

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

(conti.)

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

SECRETARY OF
DIVISION OF CORPORATIONS

2014 APR -3 PM 1:28

ARTICLE VI REGISTERED AGENT

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

Name: MARK S. RUSSO, MD. PhD
Address: 487 SADDLEBROOK LANE
NAPLES, FL 34110

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARK S. RUSSO, MD, PhD
Address: 487 SADDLEBROOK LANE
NAPLES, FL 34110

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

Mark S. Russo

Required Signature/Registered Agent

03/26/2014

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.

Mark S. Russo

Required Signature/Incorporator

3/26/2014

Date