

P14000045938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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(Business Entity Name)

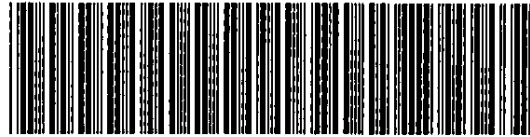
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FILED
CLERK OF SUPERIOR COURT
14 MAY 23 PM 12:10

5/27/14

TAX
ADVANTAGE

Income Tax Services
Incorporations & Payroll
Accounting & Bookkeeping Services

JAMES K. REESE, EA

1201 North Third Street • Jacksonville Beach, Florida 32250 • (904) 241-0050 • Fax (904) 241-0752

May 26, 2014

Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Articles of Incorporation: Monica C. Christie, P.A..

Dear Sir or Madam:

Enclosed are (2) original Articles of Incorporation for Monica C. Christie, P.A. along with my check in the amount of \$70.00. Please file the Articles and return one copy to me at the above address.

If you have questions, please do not hesitate to call me.

Sincerely,



James K. Reese, EA

Enclosures:

Articles of Incorporation (2 copies)
Check in the amount of \$70.00

AC#5907922

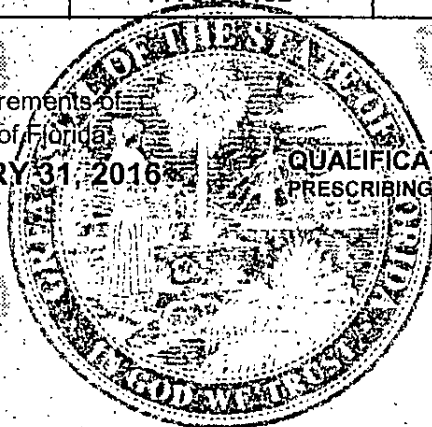
STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

| DATE | LICENSE NO. | CONTROL NO. |
|------------|-------------|-------------|
| 02/07/2014 | PA 9101132 | 51758 |

The **PHYSICIAN ASSISTANT**
named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: **JANUARY 31, 2016**

MONICA C CHRISTIE
13930 IBIS POINT BLVD
JACKSONVILLE, FL 32224



QUALIFICATION(S):
PRESCRIBING #00003620

5907922


STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

| DATE | LICENSE NO. | CONTROL NO. |
|------------|-------------|-------------|
| 02/07/2014 | PA 9101132 | 51758 |

The **PHYSICIAN ASSISTANT**
named below has met all requirements of
the laws and rules of the state of Florida.
Expiration Date: **JANUARY 31, 2016**

MONICA C CHRISTIE


Rick Scott
GOVERNOR


John H. Armstrong, MD, FACS
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

QUALIFICATION(S):

Prescribing #00003620

EXPIRATION DATE: JANUARY 31, 2016

Your license number is **PA 9101132**, please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the department in writing the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please call (850) 488-0595.

Use this section to report name change. Name changes require legal documentation showing the name change. Please make sure that a photocopy of one of the following accompanies this form: a marriage license, a divorce decree or a court order.

Medical Quality Assurance offers you the convenience of several online services. These services give you the ability to renew your license, update your mailing and practice location addresses and update your profile information.

1. Go to www.flhealthsource.com
2. Click on Licensee/Provider
3. Click on Practitioner Login
4. Select your profession
5. Enter the account ID and password that was provided to you on your initial license and click on "Login".
6. If you do not know your account ID and password, click on "Get Login Help" or call our Customer Contact Center at (850) 488-0595 for assistance.

MAIL TO: DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
LICENSURE SUPPORT SERVICES UNIT
P.O. BOX 6320
TALLAHASSEE, FLORIDA 32314-6320

IMPORTANT ANNOUNCEMENT

THE DEPARTMENT OF HEALTH WILL NOW REVIEW
YOUR CONTINUING EDUCATION RECORDS AT
THE TIME OF LICENSE RENEWAL.

TO LEARN MORE, PLEASE VISIT WWW.CEatRENEWAL.COM

☐ NAME CHANGE (ATTACH LEGAL DOCUMENTATION)

FROM: _____
LAST FIRST MIDDLE

TO: _____

ARTICLES OF INCORPORATION

OF

MONICA C. CHRISTIE, P.A.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAY 23 PM 12:10

ARTICLE I - NAME

The name of this corporation shall be:

MONICA C. CHRISTIE, P.A.

The general nature of the business to be transacted by this corporation is:

To engage in services and activities associated with Medical Services in the public and private sector.

To engage in any other lawful business, to purchase, or otherwise acquire, and to own, mortgage, pledge, sell, convey, assign, transfer, or otherwise dispose of, and to invest in and hold real or personal property, of every class, kind, and description, and to otherwise engage in any legal business or activity permitted under the laws of the State of Florida and in all other States and counties.

To conduct said business in, have one or more offices in, and buy, hold, mortgage, sell, convey, lease or otherwise dispose of real and personal property, including franchises, patents, copyrights, trademarks, and license in the State of Florida and in all other States and counties.

To contract debts and borrow money, issue and sell or pledge bonds, debentures, notes and other evidence of indebtedness, and execute such mortgages and transfers of corporate indebtedness as required.

To purchase the corporate assets of any other corporation and engage in the same or other character of business.

To guarantee, endorse, purchase, hold, sell, mortgage, transfer, pledge or otherwise acquire or dispose of the shares of the capital stock of, or any bonds, securities, of any other corporation of the State of Florida or any other State or Government, and while owner of such stock to exercise all of the rights, powers, and privileges of ownership, including the right to vote such stock.

ARTICLE II - CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares at no par value.

ARTICLE III - PREEMPTIVE RIGHT

Holders of the common stock shall have the right to subscribe and purchase their pro rata shares of any new common stock which may be issued by the corporation.

ARTICLE IV - TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V - PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation shall be at 13930 Ibis Point Blvd, Jacksonville, FL 32224.

ARTICLE VI - INITIAL REGISTERED AGENT & ADDRESS

The name and address of the initial registered agent is Monica C. Christie, at 13930 Ibis Point Blvd, Jacksonville, FL 32224.

ARTICLE VII - DIRECTORS

This corporation shall not have more than one (1) director initially. The number of directors may be increased or diminished from time to time by By-Laws adopted by the stockholders.

ARTICLE VIII - INITIAL DIRECTORS AND OFFICERS

The name and address of the Initial Director and Officers are:

| NAME | ADDRESS |
|---------------------------------|---|
| Monica C. Christie P/V/P/S/T | 13930 Ibis Point Blvd Jacksonville, FL 32224 |

ARTICLE IX - INCORPORATOR

The name and street address of the Incorporator of these Articles of Incorporation is:

NAME

ADDRESS

Monica C. Christie

13930 Ibis Point Blvd
Jacksonville, FL 32224

ARTICLE X - AMENDMENTS


These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders, and approved at stockholders' meeting by a majority of the stockholders entitled to vote thereon, unless all the Directors and all of the stockholders sign a written statement manifesting their intention that a certain amendment to these Articles of Incorporation be made.

ARTICLE XI - SPECIAL PROVISION

It is the intent of the incorporator that the corporation will qualify under Section 1244 of the Internal Revenue Code and that the corporation will file as a Subchapter S corporation.

ARTICLE XII - EFFECTIVE DATE

These Articles of Incorporation shall be effective on the date of filing.

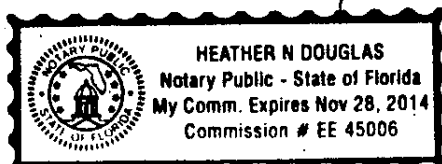


Monica C. Christie
Incorporator

STATE OF FLORIDA
COUNTY OF Duval

I HEREBY CERTIFY that on this day, before me, a Notary Public, duly authorized in State and County named above to take acknowledgments, personally appeared Monica C. Christie to me known to be the person described as subscribed in and executed the foregoing Articles of Incorporation, and acknowledged before me that he subscribed to those Articles of Incorporation.

WITNESS my hand and official seal in the County and State named above on this the 21 day of May, 2014.





Notary Public

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAY 23 PM 12:10

The name of the corporation is:

MONICA C. CHRISTIE, P.A.

The name and address of the Registered Agent and Office

Monica C. Christie
13930 Ibis Point Blvd
Jacksonville, FL 32224

SIGNATURE _____

TITLE _____

DATE _____


Monica C. Christie
President

5/21/14

Having been named as Registered Agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

SIGNATURE _____

DATE _____


Monica C. Christie

5/21/2014