

PK4000062840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

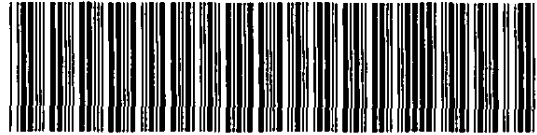
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 JUL 23 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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14 JUL 23 PM 4:23

OFFICE OF THE CLERK

111/KL 45245

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 226866 4304937

AUTHORIZATION :

COST LIMIT : \$ 70.00

[Signature]

ORDER DATE : July 23, 2014

ORDER TIME : 1:12 PM

ORDER NO. : 226866-005

CUSTOMER NO: 4304937

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: AMERICAN WELL PHYSICIANS
FLORIDA, PC

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray - EXT. 62925

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 24, 2014

CSC
WALK-IN

RESUBMIT

Please give original
submission date as file date.

SUBJECT: AMERICAN WELL PHYSICIANS FLORIDA, PC
Ref. Number: W14000045245

We have received your document for AMERICAN WELL PHYSICIANS FLORIDA, PC and the authorization to debit your account in the amount of \$70.00. However, the document has not been filed and is being returned for the following:

The only acceptable words for designation as a professional association are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED.

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.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 014A00015854

RECEIVED
14 JUL 25 AM 10:51
DIVISION OF CORPORATIONS

COVER LETTER

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

SUBJECT: AMERICAN WELL PHYSICIANS FLORIDA, 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

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status

ADDITIONAL COPY REQUIRED

FROM: Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.
Name (Printed or typed)
One Financial Center
Address
Boston, MA 02111
City, State & Zip
617 542 6000
Daytime Telephone number
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 AMERICAN WELL PHYSICIANS FLORIDA, PA
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address _____

75 State Street
Boston, MA 02109

Mailing address, if different is _____

ARTICLE III PURPOSE To provide online urgent care medical services to patients
The purpose for which the corporation is organized is: _____
located in Florida.

ARTICLE IV SHARES 1,000
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Peter Antall, M.D., President Address: 2550 Sandycreek Drive Westlake Village, CA 91361 _____ _____	Name and Title: Peter Antall, M.D., Director Address: 2550 Sandycreek Drive Westlake Village, CA 91361 _____ _____
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Name and Title: _____ Address: _____ _____ _____	Name and Title: _____ Address: _____ _____ _____
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Name and Title: _____ Address: _____ _____ _____	Name and Title: _____ Address: _____ _____ _____
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TALLAHASSEE, FLORIDA

(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: Corporation Service Company
Address: 1201 Hays Street
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Peter Antall, M.D.
Address: 2550 Sandycreek Drive
Westlake Village, CA 91361

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
Corporation Service Company

By: Emily Gray Emily Gray
Required Signature/Registered Agent Asst. Vice President

July 24/2014
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.

[Signature]
Required Signature/Incorporator

July 22, 2014
Date

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TALLAHASSEE, FLORIDA