

7/25/2014 16:18:03 From: To: 8506176381

Division of Corporations

Florida Department of State
Division of Corporations
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To: Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION
C. HOMAN MD, P.A.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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Corporate Filing Menu

Help

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: C. Homan MD, P.A.

ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is:

3551 Douglas Place
Palm Harbor, FL 34683

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in the profession of medicine

ARTICLE IV SHARES
The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Clark S. Homan, President & Director

Address: 3551 Douglas Place
Palm Harbor, FL 34683

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(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:

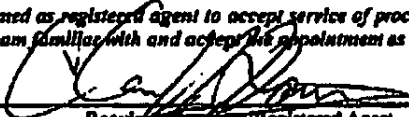
Name: Dr. Clark S. Homan
Address: 3551 Douglas Place
Palm Harbor, FL 34683

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

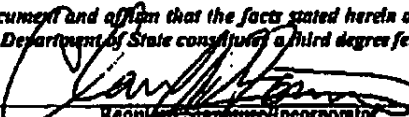
Name: Dr. Clark S. Homan
Address: 3551 Douglas Place
Palm Harbor, FL 34683

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


Required Signature/Registered Agent

7/25/14
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.817.135, F.S.


Required Signature/Incorporator

7/25/14
Date