

P14000091286

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(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

11/11

COVER LETTER

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

SUBJECT: Caring Practitioners, P.A.

(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Stephanie L. Franzen

Name (Printed or typed)

900 Carillon Parkway Suite 111

Address

Saint Petersburg FL 33716-1121

City, State & Zip

7274203346

Daytime Telephone number

caringpractitioners@gmail.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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: Caring Practitioners P.A.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

900 Carillon Parkway Suite 111
Saint Petersburg FL 33716-1121

SECRETARY OF STATE
MAILING ADDRESS: FLORIDA

Mailing address, if different is:

P.O. Box 22521
Saint Petersburg FL 33742-2521

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in the practice of medicine. The professional services
involved in the Corporation's practice of medicine may be rendered only through its officers, agents, and
employees who are duly licensed or otherwise legally authorized to practice medicine in the state of Florida.
The Corporation may also invest its funds in real estate, mortgages, stocks, bonds, or any other type of
investments, and may own real and personal property necessary for the rendering of such professional services.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stephanie Franzen ARNP-C Name and Title: _____

Address: 900 Carillon Parkway Address: _____
Suite 111
Saint Petersburg FL 33716-1121

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

APPROVED
AND
FILED (cont.)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

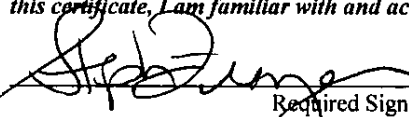
Name: Stephanie L. Franzen
Address: 900 Carillon Parkway Suite 111
Saint Petersburg FL 33716-1121

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Stephanie L. Franzen
Address: 900 Carillon Parkway Suite 111
Saint Petersburg FL 33716-1121

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

11/05/2014

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.



Required Signature/Incorporator

11/05/2014

Date