

P15000013191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

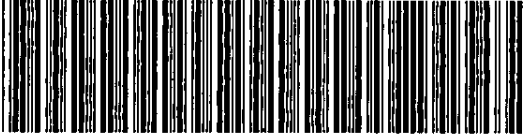
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/12/15--01011--011 **87.50

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15 FEB -5 PM 4: 33
CLERK OF STATE
TALLAHASSEE, FLORIDA

1115-2824

ymd 2/9

COVER LETTER

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

SUBJECT: Proctor Health Services

(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 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
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FROM: Ruth M Proctor

Name (Printed or typed)

5397 Keel Drive

Address

Pensacola, FL 32507

City, State & Zip

850-454-7564

Daytime Telephone number

ruthmproctor@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 14, 2015

RUTH M. PROCTOR
5397 KEEL DRIVE
PENSACOLA, FL 32507

SUBJECT: PROCTOR HEALTH SERVICES
Ref. Number: W15000002824

We have received your document for PROCTOR HEALTH SERVICES and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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: 115A00000830

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: Proctor Health Services Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5397 Keel Drive

Pensacola, FL 32507

15 FEB - 5 PM 4:30
FILED
CLERK OF DISTRICT COURT
PENSACOLA, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Health Screening, Health Assessment, and Workplace Wellness Services;

Assisted Living Healthcare; Home, Public, and Travelling Healthcare

ARTICLE IV SHARES 100

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ruth M. Proctor, President Name and Title: _____

Address 5397 Keel Dr Address: _____
Pensacola, FL 32507 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Ruth M. Proctor
 Address: 5397 Keel Drive
Pensacola, FL 32507

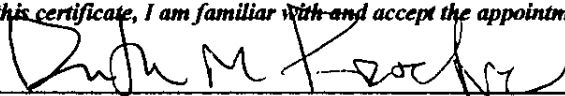
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 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

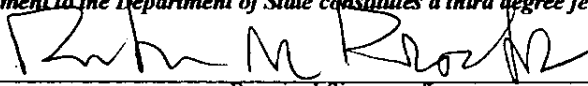
The **name and address** of the Incorporator is:

Name: Ruth M. Proctor
 Address: 5397 Keel Drive
Pensacola, FL 32507

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

 1-9-15
 Required Signature/Registered Agent 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.

 1-9-15
 Required Signature/Incorporator Date